V. S. No. 1 B

ż

of OCCUPA.

STATE	OF MARY	YLAND-	CERTIFICATE OF DEATH 11076
1. PLACE OF DEATH			81
County Anne Arund	el		Registration Dist. No. 22
Village or City Odenton.	Md.		NoSt,Ward
Length of residence In city or town wh	ere death occurred	yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME John Af	tung		If U. S. Veteran, specify WAR Spanish agreeican
(a) Residence: No. Odent	on, Md.		St., Ward.
PERSONAL AND STATI	(Usual place of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARK	RIED, WIDOWED,	21. DATE OF PEATH
Wale White	OR DIVORCED	(write the word)	// 07 . 3 — , 193 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtl	e C.Aftun	g.	22. Q HEREBY CERTIFY Hat latterded deceased from 1935 to 1936
6. DATE OF BIRTH (month, day, and year)	Aug. 8.	1884	I last saw hair alive on 100 2 1936; death is said
7. AGE Years Months		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0-22-0-4		Impthiphie Oats of one of
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Ft. Mea		Latery oclevas 1935
10. Oate deceased last worked at this occupation (month and year)		me (years) it in this pation Byr	Other Contributer Causes of importance:
12, BIRTHPLACE (city or town)	saltimore,	Md.	Chrone Mycarlis
13. NAME HELLY F. Af	tung		
14. BIRTHPLACE (city or town) (State or country)	altimore,	Md.	Name of operation Date of Was there an autopsy?
15. MAIOEN NAME Kat	e Bittner		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Unknown,	N.J.	Accident, swicide, or homicide?
17. INFORMANT Mrs. Myrtle. (Address) Odent			(Specify why or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury
Machels Memoria	Oate Nov	6,,19.36	Nature of injury
19. UNDERTAKER Tromas	W. Joins	getton	24. Was disease or injury in any way related to occupation if deceased?

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If more blanks are needed, address State Registrar, 24 N. Cha

Registrar.

les Street, Baltimore, Reguesting

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	9862	·Example II	
The principal cause of death and related causes of importance were as follows:	Date of outset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run ofer by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ,	1 year
		ę s	

FOR BINDING

V. S. No. 1

STATE OF MA 1. PLACE OF DEATH County Anne Arundel Village or City Crownsville Length of residence in city or town where death occurr 2. FULL NAME George W. (a) Residence: No. 2131 Madis	State Hosp od yrs 11 mos Anderson	f death occurred in a hospital or institution, give its NAME instead of street and number) s
(Usus	I place of abode)	If nonresident give city or town and State
male black ORDI	MARRIED, WIDOWED, ORCED (write the word) TT1 ed	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH November 2nd (9ay) (Year)
5a. If marriad, widowed, or divorced HUSBANO of HUSBANO of HIFE of Mary Anderson		22. I HEREBY CERTIFY. That I attended decasasd from Nov. 4th 19 35 to Nov. 2nd 19 36
6. DATE OF BIRTH (month, day, and year)	1877 (?)	I last saw h im alive on NOV . 2nd 1936; death is said
7. AGE Years Months Da	ys If LESS than 1 day,	to have occurred on the date stated above, at 3:30 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ormin.	were as follows: General paralysis of the insane
this occupation (month and —— year)	Total time (years) spent in this —— occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Nexico (Stata or country)		Lues
	lerson	
13. NAME Willis And Willis And Willis And Willis And Wexico Wex		Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
置 15. MAIOEN NAME Julia Brow	n	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Julia Brown 16. BIRTHPLACE (city or town) Virgin (State or country)	ia	Accident, sulcide, or homicide?
Hospital Records (Addrass) Crownsville,	Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Magazelle ware Mid Date	11/3- 1036	Manner of injury
19. UNDERTAKER Production (Address) 2101,711 Certhon (20. FILEO 1/2 36 E 7 fo	adis,	24. Was disease or injury in any way related to occupation of daceased? If so, speniy (Signed) (Addrass Crownsville, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SEAU V. S. II				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR	RTHER STATEMENTS	BY PHYSICIAN
	4/2	

PHYSICIANS should state Exact statement of OCCUPA-

D. Every item of infor-

N. B.—WRITE PLAINEY

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	L PLACE OF DEA			•		
	County Anne	e Arundel			Registration Dist. No.	
	Village or City	Crownsv	rille S	tate Hosp	itNol st,	Ward
-	Length of residence in c	city or town where de	ath occurred		death occurred in a hospital or institution, give its NAME instead of street and nu. 24ds. How long In U.S. If of foreign birth?mos.	
:	2. FULL NAME				If U. S. Veteran, specify WAR	
	(a) Residence: No.	Combrid	(Usual place		St., Ward. If nonresident give eity or town and St	inte
7	PERSONAL AN	ND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLO		5. SINGLE, MAR OR DIVORCEI	RIED. W100WEO, O (write the word) Tried	21. DATE OF DEATH November 26th (Month) (Day)	193_6 (Year)
5a	. If married, widowed, or div HUSBAND of (or) WIFE of	rorced George Be	nnett		22. I HEREBY CERTIFY, Thet I attended de January 2nd 19 33 to Nov. 26th	eceased from
	OATE OF BIRTH (month de	av and vess)	1879		er Nov 26th 36	death is said
	OATE OF BIRTH (month, da	Months	Oays	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 12:35 mp. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_	57	Unkno	wn	ormin.	were as follows: Acute cardiac dilitation	Oate of onset
NO	kind of work done SAWYER, BOOKKE	e, es SPINNER, EPER, etc	Dome st	i.c		
OCCUPATION	9. Industry or business i work wes done, as					
D	SAW MILL, BANK,	, etc	11. Tabel 4	ime (years)		
ö	10. Date deceased last we this occupetion (m	onth and	. spei	nt in this	· · · · · · · · · · · · · · · · · · ·	
-		767		potion	Other Contributary Causes of importance:	
12	. BIRTHPLACE (city or town (State or country)) Maryl	and		Mitral insufficiency	
2		is St. Cl	air, de	ead		
FATHER	14. BIRTHPLACE (city or	Mary	rland		Neme of operation Oate of	
FA	(State or country)				Whet test confirmed diagnosis? Was there an au	
ER	15. MAIDEN NAME	Nicy Jame	s, dea	d.	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
MOTHER	16. BIRTHPLACE (city or	town) Mar	yland		Accident, suicide, or homicide? Dete of Injury	, 19
X	(State or country)				Where did injury occur?(Specify city or town, county and State)	
17	INFORMANT HOST	cital Rec	ords		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Œ.
		rownsvill	e, Mary	yland		
18	B. BURIAL, CREMATION, OR Place Canada		Oate 7	30,19.35	Manner of injury	
20). UNOERTAKER (Address) 2 2 5	Que s	gling	Registrar.	24. Was disease or injury in any way related to occupation of deceesed? If so, specify (Signed): (Address) rownsville, Mary land	
II.			-7	Acgistrat.	(11001000)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago	
VUNEAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
PISTPUTP				

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE (OF DEATH					
County	Anne Arundel			Registration Dist. No21		
Village or	City Annapolis			No. St Wa		
Length of re	esidence in city or town where	death occurred		If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?		
	AME William once: No.211 Hano			St., Ward. If nonresident give city or town and State		
PERSO	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE SINGI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 3 (Month) (Day) (Year)		
5e. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY, That I attended deceased fr 1936, to W 3, 193		
6. DATE OF BIRTH	(month, day, and year) Ma.	rch 10,	1866	light saw h un allve on Nov 2, 19 36; death is si		
7. AGE Y	ears Months	Days 24	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:		
Work w SAW M 10. Date decer this occ year)	r business in which ras done, as SILK MILL, IILL, BANK, etc	spe occ	(retired)	Chronic Chroni		
(State or co	alasa y			arbus Teluoso defes		
14. BIRTHPLA	CE (city or town) Annap			Neme of operation Date of S What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN N	IAME Annie M.	Revell		23, If death wes due to external causes (VIOLENCE) fill in also the following:		
∑ (State	CE (city or town) Anna poor country) Md.			Accident, suicide, or homicide?		
17. INFORMANT (Address)	rs. Nannie W Annapolis, M	d.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMA	ation, or removal napolis, Md.	Date NOV .	6, 1936	Menner of injury		
	John M. Tayl Annapolis, I		Registrar.	24. Was diseese or injury in eny wey related to occupetion of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE PLAINLY,

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	Example I	1	Example II		
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephr		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 5 1936	July 5,1927	Peritonitis	3 days ago	
	BURBAU Y. S				
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			•		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DE	SIAIE (OF MAR	YLAND—	ECERTIFICATE OF DEATH 1108	0
County	2 a	- 1		Registration Dist. No.	
Village or City	assecur	death occurred		No. St., f death occurred in a horpital or institution, give its NAME instead of street and num	
	city of town whole	death death of	h	WITHIN CORPORATE LINIT	
2. FULL NAME.	y.	fant	men	MITHIN CONT.	
(a) Residence: No		(Usuai piace		St., Ward.	
PERSONAL A	ND STATIST			If nonresident give city or town and Sta	te
	LOR-OR RACE	1	RRIED, WIOOWED,	21. DATE OF DEATH	
1.00	LOW KACE		ED (porite the word)	A. DATE OF DEATH IN.	02/-
m		1 July	ele_	(Month) (Bay)	(Year)
5a. If married, widowed, or of HUSBANO of	livorced			22. I HEREBY CERTIFY. That I attended dec	eased from
(or) WIFE of				402.6 0.19 Ke to Volv Ca	19 3/
6. DATE OF BIRTH (month,	day and year).	100 6	-1936	Fifth 101	leath is said
7. AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, at S. R. m	
	The Paris		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, o	r narticular		ormin.	were as follows:	ate of enset
kind of work do	ne, as SPINNER, KEEPER, etc.			Stat Chongs	11-121
9. Industry or busines					40g-ng
9. Industry or busines work was done, SAW MILL, BAN	K, etc			(Calabe Cost)	
kind of work do SAWYER, BOOK 9. Industry or busines work was done, SAW MILL, BAN 10. Date deceased last this occupation (year)	month and	11. Total sps	time (years) ent in this upation		
12. BIRTHPLACE (city or to	anne	1. olas	and	Other Contributory Canses of importance:	
(State or country)	VII)	1		March Allender	11.12
1 13. NAME	sees 1	a Bre		Male to card	4-12-1-0
	Diffic 4	9 / 000	^	lo real Citador	1.12
14. BIRTHPLACE (city of (State or country)	1/1 - 1	97	(6)	Name of operation 19 1144 - Date of Date of	161 1
	Pouce	No. E		What test confirmed diagnosis?	psyd sp
15. MAIOEN NAME 16. BIRTHPLACE (city of	rma	THE O	unice	23. If death was due to external causes (VOLENCE) fill in also the following:	
16. BIRTHPLACE (city o	1/ / .	1-1-	75-	Accident, suicide, or homicide? Oate of Injury	_, 19
State or countr	names.	eyeorsi	c gery	Where did injury occur? (Specifycity or town, county and State)	
17. INFORMANT AND (Address) Que	ust Be	Brew	englis	Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, O	R RENOVAL	day 11	11 170	Manner of injury	
Place C1	200	Date/V OT	6 ,19	Nature of injury	
19. UNDERTAKER (Address)	J. H	Tefore	1	24. Was disease or injury in any way related to occupation of deceased?	V
20. FILEO / M 6	, 1936		D	(Signed) ATT GULLONG	M. D
	7.0	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Registrar.	(Address)	

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Tomorau V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ý ·-

1. PLACE OF DEA	TH			72	6	11001
County Anne	Arundel				Registration Dist. No. 21	
Village or City_An	napolis	, Md.	/16	ND.	St.	Ward
Langth of rasidance in city or town where death occurred 30 yrs.				ds. How long it	n U.S. if of foreign birth?yrs	and number)
2. FULL NAME A	ntoinet	te Morr	is Brewer			
(a) Residence: No.				St., Ward	LIM	ITS OF
		(Usual plac	e of abode)		Thibiresident give city or town	
PERSONAL AN				21. DATE OF DE	CAL CERTIFICATE OF DEAT	H
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) MARRIED (write tha word)			ZI. DATE OF DE	(Month) (Day)	193(Year)	
ia. If merriad, widowed, or div HUSBAND of (or) WIFE of Will		Brewer		22. March	REBY CERTIFY, That I atte	ndad deceasad from
6. DATE OF BIRTH (month, de	v and year)	M. 26	1874	I lest saw h LCC eli	ive on Nov. 9 19	36: death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the	data stated above, atm.	
62	9	13	1 day,hrs.	Tha PRINCIPAL CAUSE ware as follows:	E OF DEATH and ralated causes of Importanca	Date of onset
8. Treda, profession, or p	8 Trada profession or particular				f f	Date of onset
		use-W1	1.6	shopp how	d perkerna	/
9. Industry or businass i work wes dona, es SAW MILL, BANK,	SILK MILL, atc			0-1-1		The same of the sa
1D. Dete deceesad lest wo	rked at	sp	time (yeers) ent in this			2
yaar)		1	supetion	Othar Contributory Can	ses of importanca:	3
12. BIRTHPLACE (city or town) (State or country)	Detroi	t, Mich			A	3
1	Monnie			Clilleros	cledio	
	Tmol	and				
14. BIRTHPLACE (city or t (State or country)	own)±.±.∨.±.	CALCA			gnosis? Was there	
15. MAIDEN NAME NA	omi And:	rews			xtarnal causas (VIOLENCE) fill in also the foll	
15. MAIDEN NAME NA 16. BIRTHPLACE (city or t (State or country)	own) Penn	•			miclde? Date of Injury	
7. INFORMANT Willi (Address) Anna	am G. B	rewer			(Specify city or town, county an occurrad in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
18. BURIAL, CREMATION, DR	REMDVAL		. 11 ,19 6	Mannar of Injury		
19. UNDERTAKER John	M. Tav	lor			y in any way related to occupation of deceased	1?
(Addjess) Anna	oolis,	Md.		if so, spacify	1 /2	
11. 14	h 1			(Signed)	learge (Do	-1 V

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewift in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEO 5 1930	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	STATE OF MARYLAND	CERTIFICATE OF DEATH	082
1	PLACE OF DEATH	23	
	county a. Cu. Co. ma	Begistration Dist. No.	
	Village or City Cinnapalis	No.34 yours conf.	Ward
	Length of residence in city of the residence i	death occurred in a norphantor institution, give its NAME instead of affect and n	
2	FULL NAME Clair Brosso.		sus
1	(a) Residence: No. 34 Gotta Con	-St., Ward.	*********
	(Usuai place of abode)	If nouresident sive city, aritewn; and;	State p
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	Jen de Color or race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (Month) (Day)	193 6 (Year)
52.	If married, widowed, or divorced HUSBAND of		
	(or) WIFE of	22. HEREBY CERTIFY. That I attended to	leceesed from
6. I	DATE OF BERTH (month, day, and yaer) Mars & 25 1915	t last saw h en alive on november 6 1936	death is sain
-	AGE Years Months Days If LESS than	to have occurred on the data stated above, at 8:20 P. m.	, 404111133411
	22 7 11 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importence were as follows:	
2	8. Trade, profassion, or particular kind of work done, as SPINNER,		Date of onset
	SAWYER, BDDKKEEPER, atc	R	->
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, atc.	Vo concus- pulimonia	204
000	10. Date deceased last workad at this occupation (month and year)		~~~~~
12	BIRTHPLACE (city or town) - Linnan of lis	Other Contributory Causes of importence;	
14.	(Stata or country)	80 200	
ER	13. NAME Brooks.	Juliuorany Guberentono	
FATHER	14. BIRTHPLACE (city or town) - Currapalis	Neme of operation Date of	
	(State or country) Mod.	What test confirmed diagnosis? Was there en a	itopsy?
HER	15. MAIDEN NAME Mary Green.	23. If death was due to external causes (VIDLENCE) fill in elso the following:	
MO	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
- 1	(State or country) mc/	Where did injury occur? (Specify city or town, copyly and State)
	(Addrass) 34 Sports Conf.	Specify whether injury occurred in NDUSTRY, in HDME, or in PUBLIC PLA	ĆE.
18.	BURIAL, CREMATION, DR MEMOVAL	Manner of Injury	
-	Place Date / Date / 1936	Nature of injury	
19.	UNDERTAKER COOC TOOK MISS.	24. Was disease or injury in any way ralated to occupation of daceasad?	w
20.	FILED MC 10 1956 Registrar.	(Signad) Lawrence W. June (Address) armayods h	M. D
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEO 5 1990	July 5, 1927	Peritonilis	3 days ago	
COLUMN TO THE STATE OF THE STAT		Other contributory causes of importance:		
Other contributory causes of importance:	9.94	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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,	,		
M	item of infor-	should state	of Occupa-
	INK-THIS IS A PERMANENT RECORD. Every item of infor-	E should be stated EXACTLY. PHYSICIANS should state	at it may be properly classified. Exact statement of OCCUPA-
ESERVED FOR BINDING	PERMANENT	d EXACTLY	rly classified.
RVED FOR	A SI SIHT-	ould be state	it may be properly
ESE	INK	E sh	at it

See instructions on back of certificate. CAUSE OF DEATH in plain terms, so th mation should be carefully supplied. TION is very important. N. B.—WRITE PLAINE

:	1. PLACE O	F DEATH			93.2	,
	County	Anne Arund	el		Registration Dist. No. 2	
	Village or C	city Crownsv	ille Sta	ate Hospi	talvo. st.	Wa
	Length of res	ldence In city or town where	death occurred		f death occurred in a horpital or institution, give its NAME instead of street and s5_ds. How long In U.S. If of foreign birth?r	
	2. FULL NA	ME Emma B	ullock		If U. S. Veteran, specify WAR	
	(a) Resider	nce: No. 925 We	st Sara (Usualplace	toga Stre	etst., Balt Watere, Maryland If nonresident give city or town an	d State
	PERSON	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	male	4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH November 6th (Month) (Day)	., 193_6 (Year)
5a	. If married, widov HUSBAND of (or) WIFE of		Bullock		22. I HEREBY CERTIFY, That I attended October 1st	d deceased from
	DATE OF RIPTU	(month, day, and year)	1896		Hest saw her elive on November 6th , 19.36	2 -: death is so
		ars Months	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at . 7 : 30 Pg M.	net
TION	kind of SAWYER	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	Housewo	rk	Acute cardiac dilitation	Pate of ons
OCCUPATION	work wa	business In which as done, as SILK MILL, LL, BANK, etc		<u> </u>		
OC	this occu	sed last worked at upation (month and ——	- spe	time (years) ent In this — —— upation		
12. BIRTHPLACE (city or town) South Carolina (State or country)					Other Contributory Causes of Importance: Chronic myocarditis	?
ER	13. NAME	(Unknown)	Nesbit			
FATH	14. BIRTHPLAC	E (city or town)	uth Car	olina	Neme of operation	
ER	15. MAIDEN NA	AME Jane	(Unknown	1)	23. If deeth was due to external causes (VIOLENCE) fill in also the following	
MOTHER		E (city or town)	outh Car	colina	Accident, suicide, or homicide?	, 19
17. INFORMANT Hospital Records (Address) Crownsyille Maryland				-1 and	(Specify city or town, couoty and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE,
(Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL Place After Control of the C					Manner of Injury	
19. UNDERTAKER IN TO Jacks SON (Address) 9/1/2 Access Constitution				N EVE	24. Was disease or injury in any way related to occupetion of deceased?	
20	D. FILED	7 ,36 €), (B Registrar.	(Signed) Crownsville, Marylan	nd S

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Chronic interstitial nephritis D	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
William V. State				
The second secon				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

1	. PLACE OF					97)		
	County	Anne	Arunde	el		Registration Dist. No.		
	Village or City	C1	cownsvi	lle Sta	te Hospit	NoSt.,St.,St.	Ward	
			y or town where d		yrs 2 mos	t death occurred in a hospital or institution, give its NAME, instead of street and nu isds. How long in U.S. If of foreign birth?yrsmos	imber)	
2	. FULL NAM	E	Elizabe	eth But	cler #2	If U. S. Veteran, specify WAR		
1	(a) Residence	: No	Dorches	ster Co	unty. Mar			
-							Hate	
- 2 1			D STATIST		ARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH		
	female		lack	OR DIVOR	CED (write the word) dowed	November 7th (Month) (Day)	193 5 (Year)	
5a.	If married, widowad HUSBAND of	, or divo	rcad			22. I HEREBY CERTIFY. That I attanded do	acased from	
	(or) WIFE of					Sept. 6th 1936 to November 7	19.36	
6.	DATE OF BIRTH (me	onth, day	, and year)	187	70 (?)	last saw h. er alive on November 7th, 19 36	death is said	
7.	AGE Years	6?	Months	Days	If LESS than I day,hrs.	to have occurred on the data stated abova, at 2:45PmM.		
_			Unkr	фиц	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:	Date of onset	
NO	8. Trada, profession kind of wor SAWYER, B	on, or pa k done, OOKKEE	orticular as SPINNER, NC PER, etc	one		General arteriosclerosis		
OCCUPATION	9. industry or hu	sinass in						
000	10. Date deceased this occupat year)	last wor	kad at oth and	- 3	I time (years) pent in this ———— ccupation			
12	BIRTHPLACE (city of	or town).	Virgi	inia		Other Contributory Causes of importance: Senility		
	(Stata or countr	y)				-		
HER	13. NAME	Unk	nown					
FATHER	14. BIRTHPLACE (d (State or co		wn) Unk	cnown		Name of oparation Data of What test confirmed diagnosis? Was there an au		
HER	15. MAIDEN NAME		Unknow	/n		23. If death was due to external causes (VIOL ENCE) fill in also the following:		
MOTH	15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) Unknown (State or country)					Accident, sulcide, or homicide?	, 19	
17. INFORMANT Hospital Records (Address) Crownsville Maryland					reland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL					y rand	Manner of injury		
Place Hospital em' Date 1200					, 19 0	Nature of injury.		
19.	UNDERTAKER	0001	· / M	June	vote mas	24. Was disease or injury in any way related to occupation of deceased?		
	(Address)		ware,	7 On	- /	If so epecify.	18	
20,	20, FILED 11/12 196 2 + 1574					Signady Crownsville, Maryland	M. D.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
0	G.		The state of
VE ,	14.	eriti	
Other contributory causes of importance:	A STATE OF THE STA	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			241 7.31

LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAI B.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	17-0
County anne arundel	Registration Dist. No. 22
Village or City Laurel Md.	No Derstrick Training Schoolet 2 Ward
(II Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
11. 01/	11
	O 3. Veterall, specify WAB
(a) Residence: No. Myllick / running beliaso (Usual place of abode)	C St, 2 Ward. 30 1/2 Sherman Use N. W.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Finale	21. DATE OF DEATH November 2, 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1936 to Nov 2 1936
6. DATE OF BIRTH (month, day, and year) 1/4/v 8 1926	I last saw h \(\) aliva on \(\) \(\
6. DATE OF BIRTH (month, day, and year) 14/4 8 /926 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1 40 p.m.
10 3 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causés of importance
8. Trada, profession, or particular	Bronchopneumonia Right 10/30/36
kind of work done, as SPINNER Institution Immale SAWYER, BOOKKEEPER, etc.	Microsephalic Slivey 1926
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceasad last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Washington SC. (State or country)	Other Contributory Causes of importance:
13. NAME Walter Campbell (Camel)	
14. BIRTHPLACE (city or town) arken	Nama of operation Data of
(State or country) S. C.	What test confirmed diagnosis? Was there an autopsy? Lo
15. MAIDEN NAME Sullie Mae Upson	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Elgefield. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Palty Campbell (Camel) (Address) 3011/2 Sherban ave N. M. Mashmito	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mask D G Data Delle 1, 193	Nature of Injury
19. UNDERTAKER / La Porro	24. Was diseasa or injury in any way related to occupation of decaased? Mo
(Address) 14 2 your of we	If so, specify
20, FILED Dec 3, 1986 Clara M Haslufy,	(Signed) Excellence M.D.
. Registrar.	(Address) Statuct praining dely

(Address) District Juning Deligates Street, Baltimore, Requesting V. S. No. 1. Lawel, Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Laull

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage P= 8 1939	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYL	ND-CERTIFICATE	OF	DEATH
----------------	----------------	----	-------

11087

1. PLACE OF DEATH		100	2
County Elina	Cloude	Registration Dist. N	0. 4
Village or City	thi cum	No	St., Ward
Length of residence in city or to		ds. How long in U.S. If of foreign birth?y	
2. FULL NAME des		If U. S. Veteran, specify WAR	4
(a) Residence: No. de	(Usual place of abode)	St., Ward. If nonresident give city	or town and State
PERSONAL AND ST	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR F	OP DIVORCED (numits the word)	21. DATE OF DEATH Youlube 3 (Month) (D	-/ , 193 6 ey) (Yeer)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Patien	ice Mary Warfield	22. I HEREBY CERTIFY. The	
56	# 16 1 1 1 1 1 1 1 1 1	to have occurred on the dete stated above, et 9:00 Am. The PRINCIPAL CAUSE OF DEATH end releted causes of improve es follows:	, 193.6.; death is seid
8. Trede, profession, or particular kind of work done, as SPII SAWYER, BOOKKEEPER, et 9. Industry or business in which work wes done, as SILK M SAW MILL, BANK, etc	ILL,	augina Pectoris	00x.10-36
12. BIRTHPLACE (city or town) (State or country)	1920 spent In this 10 occupation	Other Contributory Causes of Importence:	1927-
13. NAME Edward 14. BIRTHPLACE (city or town) (Stete or country)	Corrol Co	Name of operation 27 3 22 Whet test confirmed diagnosis? Clinical	Dete of
15. MAIOEN NAME MALL 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Luzalu (Address)	Ireland Ch Jone Collison	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso Accident, suicide, or homicide? Oate of Where did injury occur? (Specify city or town, compactify whether injury occurred in INDUSTRY, in HOME, or in the suicide of th	Injury, 19
18. BURIAL, CREMATION, OR REMOVA		Menner of Injury	
19. UNDERTAKER (Address) 5 17 3	t Paul H	24. Wes diseese or injury In eny wey related to occupation of If so, specify (Signed) Char L. Ball, J.	deceesed? NO
20. FILED, 1976.	Registrar.	(Address) Rintline	m. Jug.



FOR BINDING

1. PLACE	OF DEAT	Н			96		
County Anne Arundel					Registration Dist. No.		
					No. Md. House of Correctionst, Ward death occurred in a hospital or institution, give its NAME instead of street and number) 4 ds. How long In U.S. if of foreign birth?		
2. FULL N	AME	Andres	Corni				
			ond Str	eet.	St., Ward. Baltimore, Maryland. If nonresident give city or town and State		
PERSO	NAL ANI	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agric the word)			D (write the word)	21. DATE OF DEATH November 4th 1936 (Month) (Day) (Year)		
5a. If married, wid HUSBAND of (or) WIFE of		ced			22. 1 HEREBY CERTIFY. That 1 attended deceased from October 20th 19 36 to November 4th 19 36		
6. DATE OF BIRT	H (month, day	and year) Ma	rch 15	1887	l last saw h im alive on November 4th , 19 36 ; death is said		
	rears 49	Months 7	Days 20	If LESS than I day,hrs.	to have occurred on the date steted above, at4.2.0m. P.a.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, pro	ofession, or pa f work done, a ER, BDDKKEEI	IS SPINNER,	Laborer		Chronic Passive Congestion		
9. Industry o	or business in was done, as S MILL, BANK, e	which			Chronic Passive Congestion		
- 11110 00	eased last work ccupation (mon	ked at	spe	ime (years) nt in this upation	NephRitis:		
12. BIRTHPLACE (State or c	(city or town) ountry)		's Isla	nd, Maryland	Dther Contributory Causes of Importance: FTORTQ-		
13. NAME	В	ill Cor	nish				
13. NAME 14. BIRTHPLA	CE (city or to	wn) Unkn	own		Name of operation Date of		
(State	or country)				What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN	NAME L	ula Cor			23. If death was due to externel causes (VIOL ENCE) fill in elso the following:		
	CE (city or to	vn) Unkn	own		Accident, suicide, or homicide?		
17. INFDRMANT	or country)	Dugini	a Sm	ior A	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
(Address)	471A11 22 61	Jessey	00/ M	d	••••		
18. BURIAL, CREM	De Now	Brill	Date MOY	6 136	Manner of Injury		
,	h	100	00:11		Nature of Injury		
19. UNDERTAKER (Address)		1 1 10	Who a	£	24. Was disease or injury in any way related to occupation of deceased?		
200	10	36 1/1	aren no	Harl. 1	(Signed) Cour Mussl M. D.		
20. FILED	, 1	900/100	MUNY !!!	Registrar.	(Address) Jessups, Maryland.		

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago 3 days ago
Cerebral hemorrhage	July 5,1927	Peritonitis	
I BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			actorn or

N. B.

•		OF MAR	YLAND-	CERTIFICATE OF DEATH		
County Anne	Arundel	COMP	0 -	Registration Dist. No. 21		
Village or City_An	napolis	MITHIN	(10	No. Emergency Hospital St., W		
Length of residence in o	city or town where	death occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrsmos		
FULL NAME_B	ernard	A. Crut	chley	200		
(a) Residence: No.	Arnold,	Md.		St., Ward. (LU. W.)		
PERSONAL AN	ID STATIST			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
				21. DATE OF DEATH		
le Whi	te	Marrie C	D (write the word)	(Month) (Day) (Year)		
If married, widowed, or div HUSBAND of	orced			22. I HEREBY CERTIFY, That I attended deceased i		
(or) WIFE of Ed1	th A. C:	rutchle	y	aug. 13 1936 10 May, Dot 4, 193		
ATE OF BIRTH (month, da	ay, and year) Ma.	y 31, 18	381	I last saw h des elive on & the you 4, 1936; death is		
GE Years	Months	Days	If LESS than	to heve occurred on the date stated above, etlQm.		
55	5	3	ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:		
kind of work done SAWYER, BODKKE 9. Industry or business work was done, as SAW MILL, BANK,	, as SPINNER, T EPER, etc in which SILK MILL, etc		retired)	Teneral Sephiemia ang.		
this occupetion (m	onth end	11. I otal	time (years) ent in this eupation			
BIRTHPLACE (city or town (State or country)	Freder Md.	ick Co.		Other Contributory Causes of importanted		
13. NAME Milt on	Crutch:	ley		Mranic Diselitis		
14. BIRTHPLACE (city or ((State or country)	own)Maryla	nd nd		Neme of operation approved the state of the		
15. MAIDEN NAME CA.	therine	Clemm		23. If death wes due to external ceuses (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or to (Stete or country)	town) Mary	l an d		Accident, suicide, or homicide?		
INFORMANT Edith	A. Crui	tchley		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
		Date_MOV	7 ,1936	Manner of injury		
(Address) Anna	polis, 1	Lor Md.	10%	24. Wes disease or injury in any way releted to occupation of deceased? 10. If so, specify		
	County Anne Village or City Anne Village or City Anne Length of residence in or FULL NAME B (a) Residence: No. PERSONAL AN EX 1. 4. COLO IT married, widowed, or div HUSBAND of (or) WIFE of Edi ATE OF BIRTH (month, d. GE Years 55 8. Trede, protession, or kind of work done SAWYER, BODKKE 9. Industry or business i work was done, os SAW MILL, BANK, 1D. Date deceesed last we this occupetion (m year) 13. NAME MILT ON 14. BIRTHPLACE (city or town (State or country) 15. MAIDEN NAME Ca 16. BIRTHPLACE (city or (Stete or country) 17. MAIDEN NAME CA 18. BIRTHPLACE (city or (State or country) 19. MAIDEN NAME CA 10. BIRTHPLACE (city or (State or country) 11. MAIDEN NAME CA 12. CITY 13. NAME MILT ON 14. BIRTHPLACE (city or (State or country) 15. MAIDEN NAME CA 16. BIRTHPLACE (city or (Stete or country) 17. MAIDEN NAME CA 18. DATE OF DATE 19. DATE	County Anne Arundel Village or City Annapolis Length of residence in city or town where FULL NAME Bernard (a) Residence: No. Arnold, PERSONAL AND STATIST EX 4. COLOR OR RACE White If married, widowed, or divorced HUSBAND of (or) WIFE of Edith A. C. ATE OF BIRTH (month, day, and year) Ma. GE Years Months 55 8. Trede, protession, or particular kind of work done, as SPINNER, T. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date decessed last worked at this occupetion (month end year) BIRTHPLACE (city or town) Freder (State or country) 13. NAME MILT ON Crutch 14. BIRTHPLACE (city or town) Maryle (State or country) 15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town) Maryle (State or country) INFDRMANT Edith A. Crut (Address) Annapolis, Mo BURIAL, CREMATION, OR REMOVAL Plece Baltimore, Md. UNDERTAKER John M. Tayle (Address) Annapolis, Mo BURIAL, CREMATION, OR REMOVAL Plece Baltimore, Md.	County Anne Arundel Village or City Annapolis Length of residence in city or town where death occurred FULL NAME Bernard A. Crut. (a) Residence: No. Arnold, Md. (Usual place PERSONAL AND STATISTICAL PART EX 4. COLOR OR RACE White Married White Married (or) WIFE of Edith A. Crutchle; ATE OF BIRTH (month, day, and year) May 31, 18 GE Years Months Days 55 5 3 8. Trede, protession, or particular kind of work done, as SPINNER, Telagraph SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceesed last worked at this occupetion (month end year) BIRTHPLACE (city or town) Frederick Co. (State or country) 13. NAME MILTON Crutchley 14. BIRTHPLACE (city or town) Maryland (State or country) 15. MAIDEN NAME Catherine Clemm 16. BIRTHPLACE (city or town) Maryland (State or country) INFORMANT Edith A. Crutchley (Address Annapolis, Md. BURIAL, CREMATION, OR REMOVAL	County Anno Arundel Village or City Annapolis Length of residence in city or town where death occurred yrs mo FULL NAME Bernard A. Crutchley (a) Residence: No. Arnold, Md. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS EX		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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79	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

of OCCUPA.

	S'	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	90 -
1	L PLACE OF DEAT	r H e Arunde	el Coun	tv	Registration Dist. No.	
	County			te Hospit	Registration Dist. No.	
				(If	death occurred in a hospital or institution, give its NAME instead of street and number	ward
	Langth of residence in cit	ty or town where de	eath occurred6	yrs7mos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
	2. FULL NAME	James	s Curry		If U. S. Veteran, specify WAR	
	(a) Residence: No	507]	V. Pine	Street,	Basi, timorward. Maryland if nonresident give city or town and State	e
-	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		r or race lack		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 25th (Month) (Day)	3 6 (Yaer)
5a.	. If merried, widowed, or divo HUSBAND of (or) WIFE of	rced			22. HEREBY CERTIFY, That I ettandad dace April 24th 19 30 to November 25	asad from
	DATE OF BIRTH (month, day	and year)	1911		i lest saw h im elive on Nov. 25th 19 36. de	
_	AGE Years	Months	Days	If LESS than	to heve occurred on the dete statad above, et 12:30 mA.M.	
	25	Unkno	own	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
7	8. Trade, profession, or pa	rticular	, , , ,	VI	Pulmonary tuberculesis	te of onset
9	kind of work done, SAWYER, BOOKKEE	PER, etc	Labor	er		
IPA	9. Industry or business in work was done, as S	ILK MILL,				
OCCUPATION	SAW MILL, BANK, e 10. Date daceasad last wor this occupation (more year)	kad at nth end	sper	ime (years) nt in this		
12. BIRTHPLACE (city or town) Maryland (State or country)					Other Contributary Causes of importance: T. B. abscess right cervical	
2	13. NAME Ed	ward Ai	lor		area	
13. NAME Edward Ailor 14. BIRTHPLACE (city or town) Maryland (State or country)					Name of operation Dete of	
R	15. MAIDEN NAME	Carrie (Gurry		Whet test confirmed diagnosis?)Sy (
15. MAIDEN NAME Carrie Gurry 16. BIRTHPLACE (city or town) Maryland (Stete or country)					Accident, suicida, or homicide? Date of injury	, 19
17. INFORMANT Hospital Records					(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION OR B		1118, M	aryland	Mannar of injury	
	Place Dolla	clam,	Data / 2	8 (196	Neture of injury	
19	UNDERTAKER (Addrass)	Pour	estro	a Suft	24. Was disaasa or injury in any way related to occupation of dacessed.	0
20	, FILED 1.1/2 8	\$6 2	7. 30	Registrar.	(Signet) Crownsville, Maryland	M. D.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 5 1930	July 5,1927	Peritonitis	3 days ago
	\$ € 8 ° ₹ U V. B.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

MARGIN RESERVED FOR BINDING

11091

1. PLACE OF DEATH Anne Arundel	2/4m UP		
County	Registration Dist. No.		
Village or City Near Mt Zion Md	No. St., Ward		
Length of residence in city or town where death occurred non residence in city of the city	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?		
2. FULL NAME Frank Patrick EAGAN	If U. S. Veteran, specify WAR None		
(a) Residence: No. Onacene BAL quelles (Usual place of abode)	War MB Quantico, Va		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX male 4. COLOR OR RACE male 5. SINGLE, MARRIED, WIDOWED, OR DIVORCEA (write the word)	21. DATE OF DEATH NOTEMBER 20 1936 (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not married	22. I HEREBY CERTIFY, That I attended deceased from		
11 10 01	, 19, to, 19,		
6. DATE OF BIRTH (month, day, and year) 11-18-01 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. about 10:00 a.m.		
35 00 02 1 dey hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
	wera as follows:		
8. Trede, profession, or particular kind of work done, as SPINNER, AVIATOR SAWYER, BDDKKEFPER, etc	Injuries, multiple, extreme 10-20-3		
9. Industry or business in which work was done, as SILK MILL, US MARINE CORPS			
SAW MILL, BANK, etc	(Airplane crash)		
and occupation in Strong and			
year) occupation 40	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town)			
(blate of country)			
13. NAME CITETIOWII			
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) (State or country)	Name of operationXX		
15. MAIDEN NAME unknown	23. If death was due to externel causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME unknown 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of Injury 10-20-36		
State of Country Level Course	Where did injury occur? 1 mile from Mt. Zion, Md.		
17. INFORMANT Naval Hospital, Annapolis, Modern Naval Hospital, Modern Naval Hospital, Annapolis, Modern Naval Hospital, Modern Naval Hospita	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Public place		
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Airplane crash		
Place Quantico Va Date 11-21-36	Nature of injury Injuries, multiple, extreme		
19 UNDERTAKER B.L.HOPPING	24. Wes disease or injury in any way related to occupation of deceased? Yes		
(Address) Annapolis Md	If so, specify Aviator Allifano		
20. FILED 11-20 1936 JAMNSON	(Signed) C. R. WILCON Lieut (MC) USN D.		
	(Allen) No and Control of the Contro		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLAINLY,

Ä

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927		1 week ago 3 days ago		
PLUEAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

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i i	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1916 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	(B7.2)
County Anne Arundel	Registration Dist. No. 21
Village or City West Annapolis	NoSt,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s. 8ds. How long in U.S. if of foreign birth?
2. FULL NAME Barbara Lee Frank	
(a) Residence: No. Randall, St.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Nercupa 16 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que 8, 1936	I last saw half alive on Meseure 16, 19 36; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
3 8 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, None SAWYER, BOOKKEPER, etc	Chesin Helekin
kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, etc	(Ewhas area)
SAW MILL, BANK, etc. None	
O 10. Date deceased last worked at this occupation (month and typear) this occupation (month and typear)	
Amanalia	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Attitation 118 (State or country) Mary Land	(My the London
# 13. NAME John A. Frank	The state of the s
13. NAME John A. Frank 14. BIRTHPLACE (city or town) Annapolis	Name of operation Date of
(State of County) Mary Tartu	What test confirmed diagnosis? Cluwell Was there an autopsy? (4)
1s. MAIDEN NAME Helen A. French	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) West Annapolis	Accident, suicide, or homicide?Date of injury, 19
— (State of county) MIC	Where did injury occur? (Specify city of town, county and State)
17. INFORMANT John A. Frank (Address) Annapolis, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Bluff Date Nov. 17 19 36	Manner of injury
Place Journal Date 110V. 17, 1900	Nature of injury
19. UNDERTAKER John M. Taylor	24. Was disease or injury in any way related to occupation of deceased?
(Address) Annapolis, Md.	If so, specify Alaman
20. FILED LAN 19 34	(Signed) (Signed) (Address) (Signed) (Signed) (M.D. M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 DEC 5 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or- A-	STATE OF	MARYLAND-CER
infor- state UPA-	1. PLACE OF DEATH	
	County	
item of should of OCC	Village or City Llsus	ND.
	Length of residence In city_er,town whera deat	(If death occur
Every CIANS ement	2. FULL NAME Faula	1 His auchling
	(a) Residence: No.	st.
RECORD. PHYSI Exact stat	(2) 11001000 1100	(Usual place of abode)
RECO Fract	PERSONAL AND STATISTIC	
_ be	3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
T L ied.	5a. If married, widowed, or divorced	widow
E ZOE	HUSBAND of (or) WIFE of	The 11 = 22.
ND RMA X A class	- Jornus	Oylampun n
BI PEI E	6. DATE OF BIRTH (month, day, and year)	19 10 1881 I last sev
	7. AGE Years Months	Days If LESS then to heva of 1 day,hrs. The PRI
FOR IS A stated proper proper	77 2	ormin. were es
	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	naevile
RVED could be may be back of	9. Industry or business in which	
SERVI NK—T should it may n back	work was done, es SILK MILL, SAW MILL, BANK, etc.	
品 田 世 。	D ID. Data deceesed last worked et this occupation (month end year)	11. Total time (years) spent in this occupation
7 4 - 0	100	Othar Co
ct 2 C Z	12. BIRTHPLACE (city or town) (Stata or country)	3 A. Ot.
MARGI UNFAI supplied n terms, ee instru		mens
4 D H 4	13. NAME 14 BIRIHPLACE (city of town).	Name of
T *= 70	(State or country)	What tes
INLY, WITI be carefully EATH in pla	15. MAIDEN NAME Sakah	Soldala 23. If daas
Y, Y, are H i	16. BIRTHPLACE (city or town)	Accident
INLY, WI be careful EATH in p	X (State or country)	Where di
	17. INFORMANT TOMPLES C	TVzemphin Specify
PLA hould OF DJ	(Address) 18. BURIAL, CREMATION, DR REMOVAL	mol
TTE I SI	11/herhal	Date 15 /5 1936 Manner
-WRITE PLA mation should CAUSE OF DI	0-12	Natura
	19. UNDERTAKER	mapring 1 1f so, sp
N. S. No.	1916 6	Children (Sig
ż	20. FILED	Registrar,

TIFICATE OF DEATH 11095 Registration Dist. No How long in U.S. if of foreign birth?______yrs.____mos.____ds. If U.S. Veteran specify WAR..... If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH (Month) (Day) (Yeer) I HEREBY CERTIFY. Thet I ettended deceased from W 11 1936 to how 11 har elive on I'm occurred on the date stated above, et____ NCIPAL CAUSE OF DEATH end related ceuses of importance Date of enset atributory Causes of importance: operation_____ Dete of_____ confirmed diegnosis?_____ Was there en eulopsy?____ h wes due to external ceuses (VIDLENCE) fill in elso the following: suiclde, or homiclde?______ Date of Injury______, 19_____ d injury occur?_____ (Specify city or town, county and State) whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. iseasa or injury In any way related to occupation of deceased?_____ (Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

statement

EVERY

		Bay Ordnance De Curtis Bay, M	-	
VIII.	lage or City	y Our ors Days in	(No.	
/	2FU	LL NAME Rosa Le	e Gibson,	
	PERSO	NAL AND STATISTI	CAL PARTIC	JLARS
3 5	Female	White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word	Rwidow
	PATE OF BIF	1	(Write the word	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0 -	DATE OF BIT			1864
		November 9	(Day)	(Year)
7 A	GE		(=	If LESS than
		72 yra. – r	nos. 🗸 🗕 de	or min.?
(a	a) Trade, practicular kin	ofession or d of work	Home	************************
b	usiness, or e	establishment in ved or (employer)	Home	
9 E	(State or co	untry) Richmond, Va.		
	10 NAME (Mr. GEO. Tay	lor	
RENTS	OF FATH (State o		ia	
PARE	12 MAIDEN		pps	
	13 BIRTHP OF MOTI (State of			
14	THE ABOVE	IS TRUE TO THE BEST	OF MY KNOWL	EDGE
	(Informant	Jas. A.B.Gibs	on, Major, U	IS Army.,
		ress)Curtis Bay C		. 25.0

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH November 15,1936 (Month) 15 (Day) 136 (Year)..... I HEREBY CERTIFY, That I attended the deceased from Nov. 7th, 1936 192 to Nov. 15, 1936 , 192 ... that I iast saw her alive on November 14, 1936 192 ..., and that death occurred on the date stated above, at 1:15 AM m. The CAUSE OF DEATH * was as follows: Cerebral hemorrhage Contributory Arteriosclerosis with hypertension Secondary Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death. In the Where was disease contracted, if not at place of death?

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

100 400 Mm Whatern

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Salesman. (b) Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of telanus) may be stated under the head of "contributory." chibolic acid-probably suicide. The nature of the injury, approved American Medical Association.) "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ····· (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart Nomenclature Always qualify all "Haemorrhage, disease; not be

It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC

1936

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Arterioseleros & - FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
OF SEAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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SIMIL OF MANIEAND CENTIFICATE OF THE ATT	STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH	11698
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1. PLACE OF DEATH	
County Anne Arundel	Registration Dist. No.
Village or City Harwood	No.
Langth of rasidanca in city or town where death occurred ves mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mathias Freen	
	If U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward. If nonresident give city/or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE C S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of FIA TSACC LTreen 6. DATE OF BIRTH (month, day, and year) Joly 4 1874 7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Fay mey 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) Spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Hay wood (Stata or country) Mad	22. I HEREBY CERTIFY. That I attended deceased from 28, 1936, to 20, 1936; death is said to have occurred on the date stated above, at 28 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Other Contributory Causes of importance:
13. NAME Mathias Freen 14. BIRTHPLACE (city or town) Richword (State or country) Va.	Name of operation Date of
15. MAIOEN NAME CArcline Burgess 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT RICHARD Pratt (Address) Owensuille Md 18. BURIAL, CREMATION, OR REMOVAL Place Owensuille Md Date Dec 3 ,1936	What tast confirmed diagnosis? Was thera an autopsy?
19. UNDERTAKER T. A Hardesty of Son (Address) Falesville Md 20. FILED 12/1, 1936 W. N. Clayter Registrar.	24. Was disaase or injury In any way related to occupation of deceased? \(\int \mathcal{Q} \) If so, specify (Signed) \(\frac{3}{4} \) (Address) \(\frac{3}{4} \) (Address) \(\frac{3}{4} \) (Address)

V. S. No. 1

8

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I				
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car			
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 Jany 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

FOR BINDING

MARGIN RESERVED

N. B.-WRITE PLAINEY

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Anne Arundel						(130)		
						Registration Dist. No.		
	Village or (city	rown svi		ate Hospi	tano. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 23 ds. How long in U.S. If of foreign birth? yrs. mos. ds.		
				s Hall				
2.	FULL NA					If U. S. Veteran, specify WAR		
1	(a) Reside	nce: No	OTO	(Usual place		BalstimoreWardMaryland If nonresident give city or town and State V		
-	PERSON	NAL AND	STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SI	x Male	4. color	or race	5. SINGLE, MA OR DIYORC	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH November 29th (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of						22. I HEREBY CERTIFY, Thet I ettended decessed from Nov. 6th 19 36 to Nov. 29th 19 36		
e D	ATE OF BIRTH	(month day o		1906		last saw h_#m_ elive on No.V. 29.th , 19.36; death is seld		
7. A	AGE Years Months Deys If LESS than 1 dey,hrs.			Deys		to heve occurred on the dete steted ebove, et6A_e_m. The PRINCIPAL CAUSE OF DEATH end releted causes of importance		
NOI	8. Trede, profession of SAWYER		icular	Labor		Acute interstitial nephritis Oate of one		
OCCUPATION	9. Industry or work we		hich K MILL.					
00		sed lest worke upation (month	end	11. Totel	time (years) ent I n this ——— cupation			
12. BIRTHPLACE (city or town) Maryland (Stete or country)						Other Contributory Causes of importance: Acute alcoholism		
2	13, NAME	74	illie E	all				
FATHER	14. BIRTHPLACE (city or town) Maryland (Stete or country)			Mar	yland	Neme of operation Dete of Whet test confirmed diagnosis? Wes there an autopsy?		
15. MAIOEN NAME Josephine Tinney					ney	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Maryland (State or country)					.d	Accident, sulcide, or homicide?		
17. INFORMANT Hospital Records (Address) Crownsville, Maryland					rvland	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Concley Dec 3, 1936					e 3, 1936	Menner of Injury		
19. UNDERTAKER ROYSE Soulerb (Address) 1418 E. Breston St					b	24. Wes disease or injury in any way related to occupation of deceased?		
20.	FILEO 12/1	, 19	36 87	L. Joya	O Registrar.	(Signed) Crownsville, Maryland M.D.		
			If more b	lanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BOREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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2112	pe	pe	o jo
NEI, WILL UNFABING INA-IRIS IS A FERMANIEM RECORD. EVERY INCH.	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	LATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	mportant. See instructions on back of certificate.
CARAD	supplied.	n terms, so	ee instruct
LI, WILL	carefully :	TH in plain	ortant. S.
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STATE OF MARYLAND—CERTIFICATE OF DEATH

		TAIL	1 1117 (1)	ILIUID	OEKTI TORTE OF BEATTI	
1	. PLACE OF DEA			- 7	(131)	
	County Ann				Registration Dist. No.	
	Village or City Ca	rownsvil	le Stat	e Hospit	al No. St.,	Ward
	Length of residence in c			3.0 (H	f death occurred in a hospital or institution, give its NAME instead of street and num death occurred in a hospital or institution, give its NAME instead of street and num mos	ber)
•	. FULL NAME	Lloyd H	Tarmon			
4	TOLL MAINE				oursty, Maway land	
	(a) Residence: No	SHOW HI	(Usual place	of abode)	If nonresident give city or town and Sta	te
	PERSONAL AN	ND STATIST			MEDICAL CERTIFICATE OF DEATH	
		or or race lack	OR DIVORCE	RIED, WIDOWED, D (write the word) I'led		3 6
5a.	If marriad, widowed, or div	orcad	1		(Month) (Day)	(Year)
	If marriad, widowed, or div HUSBANO of (or) WIFE-of-	arrie Ha	rmon		22. I HEREBY CERTIFY, That I attended deco	
-						, fg. 36
6. 1	DATE OF BIRTH (month, da	ay, and yeer)	1886		I last saw h_ im_alive on_Nov. 21st	eath is said
7.	AGE Yaars	Months	Oays	If LESS than	to heve occurred on the dete stated above, et 4:45 Am.	
	50	Ur	known	f day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows: Chronic interstitial nephritis	oto of onest
Z.	8. Trada, profassion, or p kind of work done	particular	TI		Unronic interstitial nephritis	6. mc
9	SAWYER, BOOKKE	EPER, etc	Farmer			
PA	9. Industry or businass i work was done, as SAW MILL, BANK,	SILK MILL,				
S	SAW MILL, BANK, 10. Date decaasad last wo		l 11 Total (ima (years)	-	
ō	this occupation (mo	onth and	_ spe	nt in this		
_		Me rer	land		Other Contributory Causes of importance: Chronic myocarditis	
12.	BIRTHPLACE (city or town (State or country))5	Land		Olli Olli O my O dal a l O l O	
œ		John Har	mon			
ATHE	TO, WANE			v.a.		
¥.	f4. BIRTHPLACE (city or t (State or country)	town)	Marylan	14	Name of operation Dete of	
2		Carrie	Rishon		Whet test confirmed diagnosis? Was there en auto	psy?
H	15. MAIOEN NAME				23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	
Q Q	16. BIRTHPLACE (city or t (State or country)	01111/	aryland		Accident, suicide, or homicide?	., 19
_			_		Where did Injury occur? (Specify city or town, county and State)	
f7.	INFORMANT HOS				Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	
fR	(Address) C	rownsvi]	le, Mar	yrand	~ ~ ~ ~ ~ ~ ~	
	wifell Cemele		Oate 11/2	4 /36 ,19	Menner of injury	
	001	and to	10-	-	Nature of Injury	
f 9.	. UNOERTAKER		Len	mis,	24. Was disease or injury in any way related to occupation of decaased?	0
_	(Address)	2000	HILL	1200	If so, spelify	
20,	FILEO 1/2/,	19.36	MIN	you	(Signed) Crownsville, Maryland	M. D.
		///	116	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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VITH UNFA	ully supplied.	plain terms,	it. See instruc
Y, WITH UNFA	arefully supplied.	H in plain terms,	rtant. See instruc
NEY, WITH UNFA	be carefully supplied.	SATH in plain terms,	mportant. See instruc
LAINLY, WITH UNFA	Ild be carefully supplied.	DEATH in plain terms,	ry important. See instruc
RITE PLAINTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of int	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sti	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	N is very important. See instructions on back of certificate.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 21 County Anne Arundel Village or City Annapolis, Md. No. Emergency Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred 76 yrs 10 mos 13 ds. How long in U. S. if of foreign birth? yrs. mos ds. 2. FULL NAME Elizabeth Hatch (a) Residence: No. First St. Eastport If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White Married (Month) (Day) (Year) 5e, if married, widowed, or divorced HUSBAND of 1 HEREBY CERTIFY. That I ettended deceesed from (or) WIFE of Nathon Hatch 6. DATE OF BIRTH (month, dey, and year) January 13. 7. AGE Yeers Months Days If LESS then to have occurred on the date steted above, et. 1 day,____hrs The PRINCIPAL CAUSE OF DEATH end related causes of importence 13 10 76 or min. Dats of onset 8. Trede, profession, or perticular 0 kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc..... House-Wife 2 9. Industry or business in which 7 work wes done, es SILK MILL, SAW MILL, BANK, etc..... 10. Dete deceased last worked et II. Totel time (yeers) this occupation (month and spent in this occupation ___ Other Coutributory Causes of importance: Maryland 12. BIRTHPLACE (city or town) (Stete or country) James H. Thomas 13. NAME 14. BIRTHPLACE (city or town) Maryland (Stete or country) What test confirmed diegnosis?_____ Wes there en eutopsy?_ MOTHER 15. MAIDEN NAME Mary Ann Love 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Maryland Accident, suicide, or homicide?_____ Date of injury_____ 19____ (Stete or country) Where did Injury occur?_____ (Specify city or town, county and State) 17. INFORMANT Mrs. William Morris Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Annapolis, Md. 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Place Annapolis Md. Date Nov. 30, 1936 Neture of injury. 19. UNDERTAKER John M. Taylor 24. Wes disease or injury in any way related to occupation of deceased? Annapolis, Md If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nembritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 1939	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS B	Y PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County anne arymdel	Registration Dist. No.
Village or City Int Carmel	No. Jasa dem a J. O. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	.22ds. How tong in U.S. If of foreign birth?yrsmosds
2. FULL NAME James & Heath	If U. S. Veteran, specify WAR
(a) Residence: No. Int Carnel	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH
male White Married	(Month) (Oay) (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFF of Man Than Heaths	22. HEREBY CERTIFY. That I attanded deceased from
(or) WIFE of Martha Heath	19 to 100 19 1936
6. DATE OF BIRTH (month, day, and year) fan 28 1862	Hast saw h Line alive on Der Log 1936; death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, aGm.
74 9 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	
SAWYER, BOOKKEEPER, atc	Memselesor 2
work was done, as SILK MILL, SAW MILL, BANK, etc.	my scarden up
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Havit Cafe 1 Cephilis
On to Co.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) My Carmet (State or country) Pr Cr m d	Cerebral Kemerhage 2 day
	Certifol remormage " Tay
T T	
L 14. BIRTHPLACE (city or town) The d	Name of operation
	What test confirmed diagnosis? Was there en autopsy
I Automatical Auto	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?0ate of injury19
O 16. BIRTHPLACE (city/ortown) (State or country)	Whera did injury occur?
In the Heath	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) my Carnel a a, Co, md	Specify whether injury occurred in thousant, in nowe, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plant Carmel Church Oato NOV 22, 1934	Nature of Injury
19 UNDERTAKER. John FDenny	24. Was disease or injury In any way releted to occupation of deceased?
(Address) 715 Licht &	If so, specify
20. FILED 1/20, 1936 M. Por Sealla	(Signed) John Bunne In
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
and arranged area.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

		1	
(mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	HYSICIANS	s pluods
1	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	st statement	of occui
	TION is very important. See instructions on back of certificate.		\
And Street, or other Persons		1	

1. PLACE OF DEATH	TERRIFICATE OF DEATH 11103
County a	Registration Dist. No. 2
Village or City Glewilla (m)	No. St Ward
Length of residence in city or town where death occurred 45 mos	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. il of loreign birth?
2. FULL NAME alexander Heat	
(a) Residence: No. Slessiff (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH No Curbo 19 (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Land M. Aug. 200 - K. of	22. HEREBY CERTIFY That A stranded decreased from
(OF) WIFE OF Elsyabeth M Heafes	122. I HEREBY CERTIFY. That gattended deceased from
6. DATE OF BIRTH (month, day, and year) While 1 - 1891	I last saw h_ lun alive on_ Mul. 9 1921 ; death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at. 4.20.m.
65 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Out leaves (1987)	Date of onset
SAWYER, BOOKKEEPER, etc.	- William Calder Casculary
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Males Mui, 193
10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spant in this 40 occupation 40	4
12. BIRTHPLACE (city or town) Mary Russo a.a. &	Other Coutributory Causes of Importance:
(State or country)	one multiple aselle 1 miles
13. NAME See Hicks	Tunge white
13. NAME 24 CALLS 14. BIRTHPLACE (city or town)	Name of operation. And Date of
(State or country) to alwest & Ma	What test confirmed diagnosis? Sould Was there en au'opsy?
15. MAIDEN NAME (margaret Chorses	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (magast Thomas 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Q.Q. (Le pro)	Where did injury occur? (Specify citylor lown, county and State)
17. INFORMANT Elef abette the H Ceffs (Address) left legal 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in NOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manage of interes
Place Orolana wille the Date Nov 22 196	Nature of injury
19. UNDERTAKER B-I-7(0) Jany	24. Was disease or injury In any way related to occupation of deceased?
20. FILED / 1 , 19 DE MANY Resistrar.	(Signed) CLUPUT WILDOW M. D. (Address) CAULT WILDOW
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DEC 5 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registration Dist. No.

County	Anne	Arunder		
/illage or	City Cro	wnsville	Maryland	No

No. St., Ward
(If death occurred in a hospital or institutinn, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds.

Langth of residence in city or town where death occurred ______vrs.____

If U. S. Veteran, specify WAR

Morromohn 22

MARGIN

DE	DECNIAL AL	ND STATISTIC		e of abode)
3. SEX	4. COL	or or race	5. SINGLE, MA	RRIED, WIDOWED, ED (rwrite tha word)
5a. If marrie HUSBA (or) W	ed, widowed, or div	nne Brow	n ?	1898

	TAD A CITIE D.T.	(Month)	(Dey)	(Yaer)
22.	, I HEREB	YCERTI	FY. Thet I ettende	d deceased fro
	2/11/36	, 19, to	II/22/36	, 19
I lest:	saw h. im alive on	11/21/	36	; death is sa
to hev	a occurred on the data stat	ed shove at	· LO A · M·	

MEDICAL CERTIFICATE OF DEATH

22.

The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance General Paralysis Insane

9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (yeers)
spant in this 10. Dete deceased last worked et this occupation (month end

Other Contributory Causes of importance: Lues

21. DATE OF DEATH

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME

OCCUPA

14. BIRTHPLACE (city or town) ___ (State or country)

MOTHER 15. MAIDEN NAME

23. If death was due to extarnal ceuses (VIOLENCE) fill in also the following:

16. BIRTHPLACE (city or town) ___ (State or country)

Accident, sulcide, or homloide?______ Date of Injury______ 19_____

17. INFORMANI Hospital Records (Address Townsville

Where did injury occur?____ (Specify city nr town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

18. BURIAL, CREMATION, OR REMOVAL

Fairview Cemetery Date II/25/3619.

24. Was disease or injury in any way related to occupation of decaesed?

.Etchison & Son

If so, specify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

OF DEATH -WRITE CAUSE

very important.

LION

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BINCAU V. D.	July 5, 1927	Peritonitis	3 days ago
	Special and the second of the	- n 1		
Other contributory co	auses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1 N. B.-

STATE OF M	MARYLAND-	CERTIFICATE	OF	DEATH
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111100

OTATE OF MARKETERING	
1. PLACE OF DEATH	(24-f2)
County a a Co	Registration Dist. No. 20
Village or City Programme Common Stroke	D. No. Gamengencer Hospital St Grattle Ward
1 (II	death occurred in a hospitator institution, give its NAME instead of street and number)
11 17 4	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Henrilla Mary Hen	bugg
(a) Residence: No.	St., Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word)	21. DATE OF DEATH NOT 7 1036
1 VV Single	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22 I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of	May 2 2 1936 to Nov 7 1 1936
6. DATE OF BIRTH (month, day, end yeer) April 18 19314	i last sew h. E. alive on Mr. 7 7 193 (; death is said
7. AGE Yeers Months Oeys If LESS than	to have occurred on the dete steted above, at
2 6 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	Autolical Obs metrace MAYEMIN
9. Industry or business in which work was done, as SILK MILL,	5436
SAW MILL, BANK, etc	With Jangrine of
this occupation (month end year) occupation — occupation	Voury 1
) of the state of	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	1000
(State or country)	gustiline das lettlaces
13. NAME / Fenty of I funting 14. BIRTHPLACE (city or town) Germany	from ou och ferspandes
	Name of operation Date of
c (State or country)	What test confirmed diagnosis? Was there en eutopsy? Was there en eutopsy?
15. MAIDEN NAME Therma Butter	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town). May	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ferry & Hemburg (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Of Undows May Date NOV 7, 1936	Neture of injury
19 UNDERTAKER Noby & Suite	24. Was disease or injury in any way related to occupetion of deceesed?
(Address) 369 west St amaple	If so, specify
20 FILED NOV 8 1936 Codward Corllerson	(Signed) AMENIME TOUS MID.
Registrar.	(Address) David Dong of the Ling

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and re of importance were as follows:	lated causes	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 9051 1 070		3 days ago
		Pri ma 2 3 200		
Other contributory causes of importance:		Other contributory causes of importa	ince:	
Gallstones	May 1,1923	Gastrocnteritis		1 year

Y. That I attended deceased from

Date of onset

(Address) If more blanks are needed, address State Registrar, 2 th N. Charles Street, Balsimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis JAN 8 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

See instructions on back of certificate.

TION is very important.

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1	1	1	7
	1	1	U	0

1	L PLACE OF DE	ATH			(40)	
	County	Anne Ari			Registration Dist. No.	1
1	Village or City	Crownsy:	ille Sta	te Hospi	tea No. St., death occurred in a hospital or institution, give its NAME instead of street and n ds. Jos. How long In U.S. if of foreign birth?	Ward umber)
	FULL NAME				If U. S. Veteran, specify WAR	
	(a) Residence: No.					•••••••
	(a) Residence. No.		(Usual place	of abode)	tistore, Mardyland If nonresident give city or town and	State
	PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		ack	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 24th (Month) (Day)	, 193_6 (Yaar)
5a.	. If married, widowed, or di HUSBAND of (or) WIFE of	vorcad			22. I HEREBY CERTIFY. Thet I attended of April 21st 1922 to Nov. 24th	
6.	DATE OF BIRTH (month, o	fav. end veer)	1902		I last saw h er alive on NOV. 28th 19.36	: death is seid
	AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, at 5:30 A m.M.	
	34	Unkno	own	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	
NO	8. Trada, profassion, or kind of work don SAWYER, BOOKK	particular e, as SPINNER,	Unkno	own	Pulmonary tuberculosis	Date of onset
OCCUPATION	9. Industry or business work was dona, a	in which s SILK MILL.				
1000	SAW MILL, BANK 10. Data deceased lest w this occupation (m year)	vorked at nonth and	_ spa	ima (yaars) nt in this upation		
12.	. BIRTHPLACE (city or town (State or country)	n)Unkr	10wn		Other Contributory Causes of Importanca: Dementia Praecox	
ER	13. NAME U	nknown				
FATHER	14. BIRTHPLACE (city or	town/	lknown		Neme of operation	
_	(Stats or country)	Unkno	121773		What tast confirmed diagnosis? Was there an ac	utopsy?
MOTHER	15. MAIDEN NAME	OllKille	Unkno	74730	23. If deeth was due to external causes (VIOLENCE) fill in also tha following:	
MO	16. BIRTHPLACE (city or (State or country)		Ullkillo	AATT	Accident, suicide, or homicida? Date of injury	, 19
17.	INFORMANT Hosp	ital Rec			Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR		Date 1/2	8 136	Menner of injury	
19	. UNDERTAKER (Addrass)	R.P.W.	Menos	works.	24. Was disease or injury In any wey related to occupation of deceased? If so, specify	
20	FILED /28	, 436 E	7 /0	Registrar.	(Address) Crownsville, Marylan	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEO = 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis DLO 3 1990	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EUSEAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
ALC: SAME				

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11100
County Anne Arundel	Registration Dist. No.
Village or City ANNAPOLIS	ND. US NAVAL HOSPITAL St. Ward
Length of residence In city or town where death occurredyrs,3mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? Spanish American
2. FULL NAME William Nicholson JEFFE	RS If U. S. Veteran, specify WAR and WORLD
(a) Residence: No. 236 Prince George Stre	St., Ward. XX If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male 4. COLOR OR RACE or DIVORCED (registe the word) married	21. DATE OF DEATH November 7th 1936 (Month) (Dev) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Jeffers	oct 22 1936 19 10 Nov 7 1936
6. DATE OF BIRTH (month, day, and year) March 31 1877	I last saw h im alive on November 7 , 19 36 ; deeth is seid
7. AGE Years Months Days If LESS then	to have occurred on the dete stated above, at 9:10Pm.
59 6 16 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Naval Officer SAWYER, BDDKKEEPER, etc.	Chronic myocarditis 1934
SAWYER, BODKKEEPER, etc. Naval Uliter	auricular fibrillation
9. industry or business in which US NAVY(retired) SAW MILL, BANK, etc.	and coronary sclerosis)
kind of work done, as SPINNER, Naval Officer SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK Mill. SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and 1935 year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) SCOTLAND (State or country)	Other Contributory Causes of importance: Chronic nephritis unknown
13. NAME Alexandre Daussoigne Mehul	
13. NAME Alexandre Daussoigne Mehul 14. BIRTHPLACE (city or town) (State or country) Liege Belgium	Name of operation. XXXXXX Date of What test confirmed diagnosis? lab.&clinionabere an autopsy?NO
15. MAIDEN NAME Anne Burton Jeffers	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Anne Burton Jeffers 16. BIRTHPLACE (city or town) Annapolis (State or country) Maryland	Accident, suicide, or homicide?
(State or country) () Maryland	Where did injury occur?
17. INFORMANT A.H. DEARING Comdr(MC)USN (Address) Naval Hospital, Annapolis, Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of InjuryXXX
PiaceAnnapolis, Md. Date Nov. 10, 19 36	Nature of injuryXXX
19 UNDERTAKER John M. Taylor	24. Was disease or injury in any way related to occupation of deceased? NO
(Address) Annapolis, Md	(Signed) L. R. NEWHOUSER Lt (MC) USN _{M. D.}
20. FILED 10 , 19 30	(Signed) L. A. NEWHOUSER LUME) USIN, D. (Address) US Naval Hosp. Annapolis
Registrar.	(Address) The transfer of the contract of the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

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	Example I		Example II		
The principal cause of importance were a	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEC 5 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. B.	July 5, 1927	Peritonitis	3 days ago	
	Approximate the second of the				
100					
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1	. PLACE O	F DEA	TH			(85,
	County	An	ine Arun	del		Registration Dist. No. 27
	Village or C	tity	Crown sv	ille St	ate Hospi	tano. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of resi	dence in c	ity or town where d	eath occurred_2	1yrs,7mos	.12ds. How long In U.S. if of foreign birth?yrsmos,ds.
2	. FULL NA	ME	Upton J	enkins		
	(a) Residen	ce: No	Montgome	ery Cou	nty, Mary	7 Last,d Ward. If nonresident give city or town and State
grade			ND STATISTI			MEDICAL CERTIFICATE OF DEATH
3. 3	SEX		OR OR RACE	5, SINGLE, MAR	RIED, WIDOWED.	21. DATE OF DEATH
m	ale	bla	ck	OR DIVORGE	D (write the word)	November 8th (Dey) (Yeer)
5a.	If married, widow HUSBAND of	ed, or div	orced			1000
	(or) WIFE of					22. I HEREBY CERTIFY, That I attended deceesed from March 26 19 15 to November 8 19 36
6 1	DATE OF RIPTH	(month de	ey, end year) 18	0.4		t last saw h 1m elive on November 8 19 36; deeth is said
_	AGE Yes		Months	Deys	If LESS then	to heve occurred on the dete steted above, et 9:20 Ame M.
	4	2	Unkn	dwn	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
Z	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Farm- han d					Epilepsy ?
OCCUPATION	9. Industry or			Farm-	nan d	
UP/	work we	s done, es	SILK MILL, etc			
000	10. Date decees		orked at	11. Total t	Ime (yeers)	
-	year)			000	upation	Other Contributory Causes of importance:
12.			Mar	yland		Senile arteriosclerosis
œ	(Stete or cou		lan Casl	0.0		
FATHER	13. NAME		Ben Scal			
FA		(city or t	own) Mar	y rano	*****************	Name of operation
ER	15. MAIDEN NA	ME	Octav	ia Jenk	ins	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE	(city or t	own) Ma	ryland		Accident, suicide, or homicide? Date of Injury, 19
Σ		country)				Where did Injury occur?
1	(Address)	Cro	ital Rewnsvill	e Marv	land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMA	TION, OR	REMOVAL Cen	Dete 11/12	636	Menner of Injury
	2	5.6x	LA		Sith	24. Was disease or Injury in any wey related to occupation of decesed?
19.	(Address)	U	salest	urg		If so, slecify
00	FUED 11/	12	36 20	7904	4-	(Signed) M. D. M. D.
20.	FILED	,	19		Registrar	(Address) Crownsville, Maryland

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Chronic interstitial nephritis - 1001	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
STREET V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

state	1. PLACE OF	F DEATH		YLAND—	CERTIFICATE OF DEATH		
PHYSICIANS should ct statement of OCC	Village or C	Anne Arunde ity Crownsvil dence in city or town where o	lle Stat	(If	death occurred in a hospital or institution, give its NAME instead of street and nu. 22. ds. How long in U.S. if of foreign birth?yrsmos	Ward mber)	
YSICIAL	2. FULL NAI (a) Residen		Johnson James		If U.S. Veteran specify WAR. World War Lt Smore, Wraryland If nonresident give city or town and S	tate	
PH ct		AL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
Exa	3. SEX 4. COLOR OR RACE DIVORCED, (wriget married)			D. (write the word)	21. DATE OF DEATH November 2nd (Month) (Day)	193 6 (Year)	
stated EXACTL properly classified. ertificate.	5a. If married, widow HUSBAND of (or) WIEE_of		ia Johns	son	22. HEREBY CERTIFY, That ettended d July 11th		
EX cl	6 DATE OF BIRTH	(month, day, end year)	L884		flast saw h im alive on November 2nd , 1936	death is said	
stated E properly certificate.	7. AGE Yea		Days	If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, at	Date of onset	
	9 Industry or	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etcbusiness in which s done, as SILK MILL, LL, BANK, etc	Coal	heaver	General arteriosclerosis with beginning heart involvement		
s sh t it on	10. Date deceas this occuryear)	ed last worked at pation (month and	spe	time (years) Int in this ——— Upation			
so	12. BIRTHPLACE (ci (State or cou		Land		Other Contributory Canses of importance:		
ipplied terms, instru	업 13. NAME	George Jo	hnson				
sul in t		E (city or town) Maj	ryland		Name of operation Date of What test confirmed diagnosis? Was there an au	topsy?	
efully in pla	立 15. MAIDEN NA	Anna (Ur	iknown)		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
		E (city or town)Ma] r country)	ryland				
hould be car OF DEATH very import	17. INFORMANT(Address)	Hospital Re		end			
_ = =	18. BURLAK, CREMA		f I	426	Manner of Injury		
mation s CAUSE TION is	19. UNDERTAKER	R. P. Hill	ende	Sufft	24. Was disease or injury in any way related to occupation of deceased?	S	
(7)	20. FILED APA.	2 ,1986	27,1	Registrar.	(Signed) (Address) Crownsville, Marylan	d	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	My5,1927	Peritonitis	3 days ago
	2		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CONCURS T S. Va.

	STATE OF	MARY	YLAND-	CERTIFICATE OF DEATH	1111
:	1. PLACE OF DEATH			Jan St.	
	County aune arun	def!		Registration Dist. No. 2	3
	Village or City Potopoeo	Pt &	roply	1872. ma/P.O. st.	Ward
	Length of residence in city or town where deet	h occurred		death occurred in a hospital or institution, give its NAME instead of street and """ ds. How long in U.S. if of foreign birth?	
1	.1	0	0 1	/ Sellena Paramera - Inches	105
1	2. FULL NAME Orginia	Delle	Johnson	If U. S. Veteran, specify WAR	
	(a) Residence: No.	(Usual place of	of shode)	St., Ward. If nonresident give city or town an	d State
2000	PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	a Diale
3.		SINGLE, MARK	RIED, WIDOWED,	21. DATE OF DEATH	
-5	Female sugar	Sivy.	(write the word)	(Month) (Day)	(Year)
5a	. If married, widowed, or divorced HUSBAND of				
	(or) WIFE of			22 Nov 26 I HEREBY CERTIFY, That I attended	deceased from
	DATE OF BIRTH (month, day, end year) Quel	14-	1936-	I lest saw he alive on 7250. 26 1936	:: death is said
	AGE Years Months	Days	If LESS than	to have occurred on the date steted ebove, at \$:00 A.m.	, usatn 15 Said
	4	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	l ormin.		were es follows:	Date of onset	
NO.	8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				7200.20-143
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
000	10. Date deceased lest worked et this occupation (month and year)	11. Total tin	me (yeers) t In this pation		
	Ballingof lile	O Pa		Other Contributory Causes of importance:	02.10-8
12	(State or country)	2.4 - 0-	ml.	acule Coryaga	Qe1.10-0
2	13. NAME Mandatis Ci	land	~		
FATHER	2110		02		
FA	14. BIRTHPLACE (city or town) (State or country))a -		Neme of operation	, 74
ER.	15. MAIDEN NAME Place The	rie 1	Share		
MOTHE		1000	lo.	23. If deeth was due to external causes (VIOLENCE) fill in elso the followin	9.
8	16, BIRTHPLACE (city or town) Albert (State or country)	()0	•	Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
	Man of t.	1	Market Sile	(Specify city or town, county and Sta	ite)
17	(Address) Polasocco Par	your no	agon .	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PI	LAGE.
18	B. BURIAL, CREMATION, OR REMOVAL		<i>c. B0</i>	Manner of injury	
	Place Mit. aubum	Date Thu	1.28,1936		
	for 1 sport	Marco	Volan 1	24. Was disease or injury in any way related to occupation of deceased?	No
19	(Address) 638	man)	10000	If so, specify	
	100-27 36 ms	P.A	701-	(Signed) Chas. L. Ball J.	
20	FILEDY VIS Sur J., 192	Der	Registrar.	(Address) Landhieron, My	0

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Chronic interstitial nephritis DEC 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUSTAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

BINDING

RESERVED

MARGIN

S. No.

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		¥.	

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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03

PLACE	OF	DEATH
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County anny arendel.



STATE OF MARYLAND CERTIFICATE OF DEATH

1	Registration Dist. No.
Village or City Jones State (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemala Whele Or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 25, 193 6 (Month) (Day) (Year)
6 DATE OF BIRTH ON 9, 1935 (Nonth) (Day) (Year	I HEREBY CERTIFY, That I attended the deceased from 2 2 1 1986 to 2 2 1 1926 that I last saw had alive on 2 2 7 1926 and that death occurred on the date stated above, at 9 9 m.
7 AGE If LESS than day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, prefession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Primary couse: "not known/a Carola R
9 BIRTHPLACE (State or country) Ballo. Ind. 10 NAME OF FATHER Theodors of father OF FATHER (State or country) Washington D. C.	Contributory Secondary (Duration) (Signed) (Signed) (Address) (Address) (Address) (St., te the Discase Causing Peath, or, in deaths from Violent Caus a, state (1) Mans of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME HOLM & E. MOLAN. 13 DIRTHPLACE OF MOTHER (State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Lospitule, Institutions, Transients or Recent Residents) At place of death yes mos, ds. Where was disease contracted, if not at place of death?
(Informant) Theo. of Just 1. (Address) 2515 James St. Bark 2.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Codor Still Carl Pace 27, 125 6
15 Filed No. 27/936 MRDealba	20 UNDERTAKER ADDRESS

If more b.anks are needed, addrosa State Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from taborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: c additional line is provided for the latter statement: if sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATE. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Spinner, (b) Cotton mill; (a) Salesman. nature of the lusiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Statement of Occupation Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, For persons who have no occupation. 6 Stationary fireman, et . But in many Automobile factory. The material Architect, Locamotive engineer, 6 (Kissoni)

spinal menia_itis"); Diphtheria avoid use of "Croup ed term for the same disease. E amples: Cerebrospind to time and causation), using always the same accept Typhoid fever (never report ""yphoid Pneumonia" EASE CAUSING DEATH the primary affection with respe-Statement of Cause of Death-Name, first, the Di Lobar (the only definite synonym is "Epidemic cerebrapneumonia. Branchopneumonia ("Pneumonia."

> approved diseases resulting from childbirth or miscarriage "(Exhaustion," "Heart lauure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sersis, Langues) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine deficitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI'A., taken. FOR VIOLENT DEATHS state MEANS OF INJUTY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify :: Il Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic Example: Measles (disease "Senile," etc.), "Dropsy, etc. valvular The contributory heart not be disease;

data ans wered in detail, it will prevent further correspondence If this certificate is looked over thoroughly and all questions essential and must be obtained before the cartificate is

ently filed.

	ST	TATE C	OF MAR	YLAND-	CERTIFICATE	OF DE	ATH 1	1114	
1. PLACE	OF DEAT	н			(214 m)	10	A .		
County	Ann	e Arun	del		(erran)	Registration	Dist No 21		
,	or City Ne	ar Mt	Zion		No			Ward	
1				n reside	death occurred in a hospital or institu nt ds. How long in U.S. if o	tion, give its NAM	AE instead of street an	d number)	
			leo Raft		If U. S. Veteran,				
(a) Res	sidence: No	Marine	Bks Qu (Usual place		aSt., Ward.		Quantico		
PERS	ONAL AND	STATIST	ICAL PART	CULARS	MEDICAL C	ERTIFICAT	E OF DEATH		
3. SEX male		or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH November	(Month)	20 (Day)	, 19 36 (Year)	
5a. If marriad, v HUSBAND	vidowad, or divore				22. I HEREBY	CERTI	Y, That I attende		
(or) WIFE	of IIC	ot mari	ried		ZZ. INEREDI				
6 DATE OF BIL	RTH (month, day,	and year)]	147-09		I last saw h alive on				
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date state	at	out 10°:0	OAM	
	27	00	03	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	TH and related cer	uses of importance	10.00	
z 8. Trade,	profession, or per d of work done, e	ticular A						Date of onset	
= 301	I I EN, BOOKKELI	ru' eff			Injuries, mult	iple, e	ktreme	11-20	
9. Industry	y or business in k was dona, as Si	LK MILL, US	Marine	Corps				36	
O 10. Date de	eceased last work	ed at	11. Total t	time (years)	(airplane crash)				
	eceased last work occupetion (mont r)	th an 11-20)-36 spe	ent in this 18 1	no				
	E (city or town)	N.	loberly lissouri		Other Contributory Causes of Impo	ortance:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
13. NAME			2 000 42 2						
프		nknown			XX	X			
	LACE (city or tow ate or country)	vn)			Name of operation What tast confirmed diagnosis?		Dete of		
15. MAIDEN	NAME 1	ınknown			23. If death was due to external car				
	LACE (city or tow				Accident, suicide, or homicide?_E Where did Injury occur?1_m	ccident	Date of Injury 11- om MtZior	-20-36 1 Md.	
	s) Nava			timc)usn	Specify whether injury occurred in Public place	n INDUSTRY, In I	~~~~~~~~~	PLACE.	
	EMATION OF BE		10000	A.	A i mm	020 020	a ch		

Va

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

B.L. HOPPING

(Address)

Injuries, multiple, extreme Natura of Injury 24. Was diseasa or injury in any way related to occupation of deceased? If so, specify

(Signed)

Airplane crash

yes

Registrar. (Addrass) US NAVAL HO I AMINADOLIS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injur

V. S. No. 1

N. B.-WRITE PLAINLY.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: 1930	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			3000

N.B.

19

	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH 11115
1. PLACE O	F DEATH			(159)
County	a.a	,		A. A. Registration Dist. No. A.
Village or (City General	cloure	mo	No. 3 Cherry Home Good Ward
Lameth of ro-	· /			f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of res	Idence Is city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
. FULL NA	ME	prefor	1/1/4	mball
(a) Resider	nce: No. 3 Lolies	y no	e ara	St., Ward.
PERSON	NAL AND STATIST	(Usual place		If nonresident give city or town and State
EX	4. COLOR OR RACE		RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
m	w		D (write the word)	November 1 193 6 (Month) (Day) (Year)
If married, widow HUSBAND of	ved, or divorced			
(or) WIFE of				22. HEREBY CERTIFY, That I attended deceased from
ATE OF BIRTH	(month, day, and year)	Dex 30	136	I last saw hims alive on OCT, 3/2 1934 : death is said
GE Yes		Days	If LESS than	to have occurred on the date stated above, at 5 30 Pm.
		/	1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of v	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc.		, vice	rementions - Kelen 7 Date of one of
9. Industry or	business in which			mourus
work was	s done, as SILK MILL, LL, BANK, etc	• • • • • • • • • • • • • • • • • • • •		
10. Date deceas this occu year)	ed last worked at pation (month and	spa spa	ime (years) nt in this upation	
BIRTHPLACE (ci (State or cou		antasie	ma	Other Coatributory Causes of Importance:
13. NAME	coneste	20.1	unbalt	
14. BIRTHPLACE		1		Name of operation Date of
	country) (() Classes	CON M	ass	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NA	ME my he	le. 12	eill.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE		(4	J. +	Accident, suicide, or homicide? Date of Injury, 19
(State of	country) / west	July .	7.	Where did injury occur?(Specify city or town, county and State)
NFORMANT-	steele O.	Kusch	all	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	TON, OR REMOVAL	ore loom	operate (NI)	
Place	Lar Bluff	Date/Vo	V2 1926	Manner of Injury
JNDERTAKER	3 2121	Ofefore	9 0	24. Was disease or injury In any way related to occupation of deceased? WS
(Address)	anastre	4	rell	If so, specifyAA
100	n sen		•	(Signed) J. L. Way M. D.
FILED VY V	19 0 0			M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	4		Example II	
The principal cause of death and re of importance were as follows:	lated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 1020	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrifis	0 200	1921	Run over by street car	1 week ago
Cerebral hemorrhage	311 V. S	July 5,1927	Peritonitis	3 days ago
The state of the s	a coloredge designation oppositions where the second	Tana a		
Other contributory causes of impor	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

should state AD. Every item of inforof OCCUPA-PHYSICIANS Exact statement IS A PERMANENT REC stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. LY, WITH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLA

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	34
County anna armell	Registration Dist. No. 25
Village or City Brooklyn Parke	No. 1 - 15 are St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 FILL NAME MAY OMAN & Library	
(a) Residence: No. 1 - 15 Bure	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 5- 193 6
5a. If marriad, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of Welliam Sellamon	Sept 19 16 to Par 3, 1936
6. DATE OF BIRTH (month, day, and year)	I last saw h A alive on A 19.3 6; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 4.3 ft.m.
5.3 4 20 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of oneal
SAWYER, BOOKKEEPER, etc.	Anemyam of darka-duetic ?
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Sumbarland	Other Centributary Causes of importance:
(State or country)	The King -
II 13. NAME Samuel S. Penn	Pulmonnes Fellrosis (20-tubercular)
13. NAME Samuel S Leave 14. BIRTHPLACE (city or town)	Name of operation Date of
1 (State of country)	What test confirmed diagnosis? Bered - X-Kanwas there an autopsy?
15. MAIDEN NAME Name Tally	23. If death was due to axtarnal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Martinshurg	Accidant, suicida, or homicide? Data of Injury, 19
(Stata or country) Wash, Tergustas	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Wan July Strangeling St	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Galactic Date Date 1936	Nature of injury
19. UNDERTAKER Wargaut G. Hum	24. Was diseasa or injury In any way related to occupation of deceasad?
(Address) 14.20 Segar	If so, spacify
20. FILED Nove 5 , 1936 Ida M. Whitem	(Signad) (Marchie M. D.
Registrar.	(Address) / Ocq Umnapolis / Wy.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilensu 1 week ago Chronic interstitial nephrifis Run over by street ear 1921 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	Anne Arun	de]	NCURSORATEL	NA B OF	-(13)		
County	A PUTST A TOO	I.TC	NCURSON	". IIS	NAVAT.	HOSPITAL St.	
Village Dr	ordy			death occurred in		itution, give its NAME instead of street a	
Length of res	sidence in city or town where	death occurred	Known mos	ds. Ho	w long in U.S. i	f of foreign birth?yrs	mosds
					U. S. Vetera	n, specify WAR WORLD V	VAR
(a) Reside	nce: No. Shady O	aks Inn	, Camp Par	ole, Md	Ward.		10
PERSON	NAL AND STATIST	(Usual place			MEDICAL	If nonresident give city or town CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE (•
male	white	OR DIVORCI	arried word)		ovembe		, 193 6
5a. If married, wido HUSBAND of (or) WIFE of	Pearl Wa	rd MacC	rone	22. October	HEREB r 19	CERTIFY, That I attend	ded deceased from
6. DATE OF BIRTH	(month, day, and year)	July 9,	1888	l last saw h 1	m alive on	November 15,19	
	ears Months	Days	If LESS than	to have occurre		ated above, at 3:50 pm	
48	4	6	1 day,hrs.	were as follows	L CAUSE OF DE	ATH and related causes of Importance	Date of onset
8. Trade, prof	ession, or particular work done, as SPINNER,	MARINE	CORPS	NEPHRY	TIS. c	hronic	1924
9. Industry or	business in which	OFFICER			,		
SAW M	as done, as SILK MILL, ILL, BANK, etc	USMC					
1113 000	esed last worked at cupation (month and 192	Sp Sp	time (years) ent in this 21 yr cupation 21				
12. BIRTHPLACE (C)	city or town)Minne	sota				HYPERTENSION	1924
ra. NAME	unknown			URE	IN The		14/ 13/
H 14. BIRTHPLAC		known		Name of operat	IVII	xx Date of Lab &clinical ere	
(State t							
15. MAIDEN N						causes (VIDL ENCE) fill in also the folio	
O 16, BIRTHPLAC	or country by	known		-	ry occur		13
17. INFORMANT	A.H. DEARING		r(MC)USN	Specify whethe	r injury occurred	(Specify city or town, county and in INDUSTRY, in HDME, or In PUBLIC	State) PLACE,
	Naval Hospi	tal Ann	apolis, Mo		XXX		
Place 274	aval Cent 2	Date _ 1/0	v- 18 19.36		y XXX		
19. UNDERTAKER _	J.M. TAYLO	R		24. Was disease	or injury in my	way related to occupation of deceased	no
(Address)	Annapolis,			If so, specify_	O. K.	New houself	
20. FILED NO.	16 01 11-			(Signed)			C) USN M. I
To The same			Panietuan	- (Ac	Idrace) NAV	AT. HOSDITAT Anne	amald.

-WRITE

N. B.

stated EXACTLY. PHYSICIANS should state

IS A PERMANENT RECO

WITH UNFADING INK-THIS MARGIN RESERVED

AGE should be

FOR BINDING

KD. Every item of infor-

of OCCUPA-

Exact statement

classified.

of certificate. properly

pe

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neparitis NOV	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1936	July 5, 1927	Peritonitis	3 days ago
O WURRAU V. S.		2	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYL	AND—CERTIFICATE	OF	DEATH
----------------	-----------------	----	-------

1	1	1	-1	()
I	1	1	1	8

1. PLACE OF DE			-	95-2
County Ann	e Arunde	1		Registration Dist. No.
				tako. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 21 ds. How long in U.S. if of foreign birth?
2. FULL NAME	Phili	p McGow	an	If U. S. Veteran, specify WAR
(a) Residence: No.	65 Cl	ay Stre		olsts, Mawaidland. If nonresident give city or town and State
PERSONAL A				MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CO	LOR OR RACE lack	5. SINGLE, MAR	RIED, WIDOWED, Q (write the word)	21. DATE OF DEATH November 6th (Month) (Day) (Yaar)
5a. If marriad, widowed, or d HUSBAND of (or)_WAFE of	ivorcad Carrie M	cGowan	C	22. I HEREBY CERTIFY, Thet I ettanded decaased from ctober 15th 1936 to November 6th, 36
6. DATE OF BIRTH (month,	day, end yaar)	1861		Hast saw h im elive on Nov. 6th 19 36; deeth is seld
7. AGE Yaars 75	Months Unk	Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at 11:25 mP. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
9. Industry or business work was done, a SAW MILL, BAN 1D. Date decaasad lest	né, as SPINNER, KEEPER, atcs in which as SILK MILL, K, etcworked at		——	Aged arteriosclerotic heart disease with usual senile psychosis
this occupation (month and spent in this occupation weer) 12. BtrTHPLACE (city or town) (State or country)		ntin this	Other Contributary Causes of importance: Right sided varicocele	
13. NAME He	nry McGo			
13. NAME He 14. BIRTHPLACE (city of (Stata or country)	town) Mar	yland		Name of operation Dete of What test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or (Stete or country)	town/	yland ecords		23. If death was due to extarnat causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OF	R REMOVAL	Date ///	1,0 ,1936	Manner of injury
19. UNDERTAKER (Address) 20. FILED LOC 10	19 3 P	A.	Registrar.	24. Wes disease or injury in any way related to occupation of daceasad? If so, specify (Signed) (Address) Crownsville, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis _ 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WIDEAU V. V. J.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 11119		
1. PLACE OF DEATH		82-0		
County Anne Arundel		Registration Dist. No. 21		
Village or City Annapoli	s. Md.	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence in city or town where de	eath occurred 7.4 yrs mos	ds. How long In U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Alberta	M. Morgan	WITHIN CORPORATE LIMITS OF		
(a) Residence: No. 143 Pri	nce George St.	St., Ward.		
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH		
Female White	OR DIVORCED (write the word) Widow	11 10 193.36		
5a. If marriad, widowad, or divorced		(Month) (Day) (Yaar)		
HUSBAND of Samuel Morg	an	22. I HEREBY CERTIFY. That I attanded daceasad from		
6. DATE OF BIRTH (month, day, and year)	Juanul 1862	I last saw h		
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated abova, et 30 m.		
74 8	24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trada, profassion, or particular kind of work dona, as SPINNER,	None			
SAWYÉR, BOOKKÉÉPÉR, etc	Morre	Contral IMM UNITE SAL		
work was dona, as SILK MILL, SAW MILL, BANK, etc		J		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima (yaars) spent in this occupation			
12. BIRTHPLACE (city or town) Annapo (State or country)	lis, Md.	Other Contributory Causes of importance:		
E 13. NAME John Haslop				
13. NAME John Haslop 14. BIRTHPLACE (city or town) Unknow (Stata or country)	wn	Name of operation Data of Was there an eutopsy?		
# 15. MAIDEN NAME Unknown		23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (State or country)	wn	Accident, suicida, or homicida? Date of Injury19		
(State or country)		Whera did injury occur?		
17. INFORMANT Samuel Morgan (Address) Annapolis, Mo	1.0	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	20	Manner of Injury		
Placa Annapolis, Nd.	Date Fri. Nov 219 36	Nature of Injury		
19. UNDERTAKER John M. Tayl	or	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Annapolis	Md	If so, spacify		
20. FILED WY 10 , 1936	Alman.	(Signed) M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis EC 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage.	July 5,1927	Peritonitis	3 days ago
18 U 80 AU V 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. D. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. B.—WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	
County Muse Murde Con	Registration Dist. No.
Village or City Clu Alig Eunes	- Try
Length of residence In city or town where death occurredyrs,	death described in Thospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(10 1 B) 11 all. (2)	unave, 4 wo)
2. FULL NAME Take They have	MITHIN CORPONAL LIMITE OF
(a) Residence: No. (Usual place of abode)	St., Warte If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (portice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of Mixariay - 4 vieneth	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Why 6 - (436	I last saw h flye gn 19 death is sald
7. AGE Yesrs Months Days If LESS than	to have occurred on the date stated above, ar
- Tuo (Mereary / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Uete otoniet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Muscalley - 4 new 4m
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	V
SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as STINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and work) year) 11. Total time (years) spent in this occupation occupation occupation.	
12. BIRTHPLACE (city or town) (suesfile and	Other Contributory Causes of importance:
(State or country)	Mare Indanen.
13. NAME Po duns Hauris Walley	Prun Mariti
13. NAME COMMUNIST HAVE NAME CO	Name of operation A Mother Date of 1101%
(State or country)	What test confirmed diagnosis a labour Was there an autopsy? W
15. MAIDEN NAME Heley Mae Legences.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Abuta 44.4.	Accident, suicide, of homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Helser Wat Alley (Address) Fredarkt Tod	(Specify city or town, county and State) Specify whether injury occurred in UNDUS NRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION OR REMOVAL	Manner of Injury
Place Que Oate 100 Q 4, 19 0	Nature of injury
19. UNDERTAKER Colora & Francis Nacl Harty	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lalebur a h c. My	If so, specify
20. FILED Nor 6 19 36	(Signed) M.D.
Registrar.	(Address) Muchls, Us

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	and the same of th	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 5 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
\$118EAU 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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DEATH

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Village or City_ Samuel Lavern FENNY USS REINA MERCEDES PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) male NEGRO 5a. If married, widowed, or divorced HUSBAND of not married (or) WIFE of 13 July 1917 6. DATE OF BIRTH (month, dev. and year) 7. AGE Months Oavs 19 7 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Mess attendant 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... US NAVY 10. Date deceased lest worked at this occupation (month and 11-9-36 11. Total time (years) Cleveland 12. BIRTHPLACE (city or town). (State or country) FATHER unknown 14. BIRTHPLACE (city or town) unknown (State or country) OTHER unknown 15. MAIOEN NAME unknown 16. BIRTHPLACE (city or town) (Stete or country Comdr(MC) USN Naval Hospital, Annapolis (Address) 18. BUMANICO DE MANOREN, OR REMOVAL Cleveland Ohiopate 11-20-3619 B.L. HOPPING 19. UNOERTAKER Annapolis Md

US NAVAL HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred Q yrs. 2 mos. 15 ds. How long in U.S. if of foreign birth? yrs. mos. ds. _ If U. S. Veteran, specify WAR Annapolis Ward If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH November I HEREBY CERTIFY, That I attended deceased from 19 36 to November 20 19 36 Nov 20 to have occurred on the date stated above, at 5:25 PM 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance Pneumonia. lobar spent in this 7 mos Other Contributory Causes of importance: Pneumococcemia XXXXX Name of operation What test confirmed diegnosis? Lab & clinica bere an eutopsy? no 23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?___ Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury

> Naval Hospital Annapolis If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury. 24. Was disease or injury In

If so, specify ____

V. S. No. 1

MARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DEC 5				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

SIMIL	F MAKILAND	CERTIFICATE OF DEATH	166
1. PLACE OF DEATH		<u> </u>	
County W. W.	A	Registration Dist. No. 2	***
Village or City	& 6 muguy / boy ta	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	War
Length of residence in city or town where de	eath-occurred yrsmos	sds. How long in U.S. if of foreign birth?yrs	mosd
2. FULL NAME Saly	Proetie		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town an	nd State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 21 (Month) (Day)	, 193 6 (Year)
Ja-/ If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I attender Deliverial St. W.P. Poto	
6. DATE OF BIRTH (month, day, and year)		I last saw h alive on Don Dola	; death is sai
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	~	Stell Born	Date of onso
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	lis Ma.		
13. NAME / Lott / Multi	rady side	Name of operetion Dete of Whel test confirmed diagnosis? Was there an	h.
15. MAIOEN NAME Salely 16. BIRTHPLACE (city or town) (State or country)	half field	23. If death was due to external causes (VIOLENCE) fill in also the followly Accident, suicide, or homicide?	, 19
17. INFORMANT / Abbt / Mg (Address)	how has	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
18. BURIAL, CREMATION OR REMOVAL Place Hady High	per 10 23 ,1936	Manner of injury	
19. UNDERTAKER A A A A A A A A A A A A A A A A A A A	aidisty + hu	24. Was disease or injury in any way related to occupation of deceased?	110

(Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

V. S. No. 1

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20. FILED 11 21 , 19 36

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example T	1	Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
1	温	l st	COL	
ì	n 01	oulc	8	\
•	iter	Sh	Jo	1
	ery	NS	ent	1
	EV	CIA	eme	
	RD.	YSI	stat	
	5	PH	act	
)	RE		Exg	
	NT	L	d.	
	NE	CI	iffe	
	MA	K Y	lass	
	ER	E	y	te.
	A I	ted	per	ifica
	IS	sta	pro	cert
	HIS	be	be	jo
	E	nld	lay	ack
	NK	sho	it n	n b
	E E	GE	hat	us o
	NIC	A	so t	ction
	FAI	ied.	us,	tru
	Z	lqqı	tern	ins
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	Y, 1	are	Hin	rta
	L	pe c	TA	mpo
	LAI	ld	DE	ry i
	P	hou	OF	TION is very important. See instructions on back of certificate.
	ITE	s uc	SE	Z is
	WR	atic	DY	101
	1	E	9	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11123
1. PLACE OF DEATH	92-0
County ang arundel	Registration Dist. No. 23
Village or City terndall	No. Fern dale P. C. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Knolle J. Tum,	phrey
(a) Residence: No. Fern dala (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 29 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Mattie Pumphrey	22. I HEREBY CERTIFY, That I attended deceased from
l 1st in a second	100.18 ,1926, to nov. 29 ,1986-
6. DATE OF BIRTH (month, day, and year) Jept 1876	Hast saw hater alive on 7000. 29 ,1936; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Osta of onest-
8. Trade, profession, or particular kind of work done, as SPINNER, Former at SAWYER, BOOKKEPER, etc.	augina servici 1926-
9. Industry or business in which	augure presones 1426
work was done, as SILK MILL, Loyne SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year)	
12, BIRTHPLACE (city or town) Termdale	Other Contributory Causes of Importance: Apriles Earl Methral regungation 1915
(State or country) md	do to ag men y my ayans ("
13. NAME William Complier	
13. NAME William Complete	Name of operation
(State of country)	What test confirmed diagnosis? elimas Was there an autopsy? Two
15. MAIDEN NAME Georgina Cramvell 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
- (State of country)	Where did injury occur?
17. INFORMANT 12 Roy 1. Promphay (SON) (Address) Form dale mal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Purposhhey home Concelly Date DOC/st 1936	Nature of injury
19. UNDERTAKER John T Denny (Address) 715 La ht 154	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOT. 30, 1936 M. P. Dealba Registrar.	(Signed) Chas L Ball fr. M.D. (Address) Lauthicum - clup.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	E	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 120 / 1950	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Control of the Contro				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	S'	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 11124		
1. PLACE OF DEATH							
	County Anne Arundel				Registration Dist. No.		
	Village or CityC	rownsvi	lle Sta	te Hospit	death occurred in a hospital or institution, give its NAME instead of street and number)		
1	Langth of residence in cit	ty or town whara da	aath occurred		death occurred in a hospital of manufactor, give its 1741/12, instead of street and number/ds. How long in U.S. If of foreign birth?yrsmosds.		
1	2. FULL NAME	Marcus	s G. Re	ed	If U. S. Veteran, specify WAR		
	(a) Residence: No.	615 D	iorno S				
-			(Usual place		mospe, MaWajdland If nonresident give city or town and State		
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH		
3.		a ck	OR DIVORCE	RRIED, WIDOWED, D (write the word) rried	21. DATE OF DEATH November 21st (Day) (Year)		
5a	. If marriad, widowed, or divo HUSBAND of (er) WIFE of	rced Eva Reed	đ		22. I HEREBY CERTIFY, That I attended deceased from August 21st		
	DATE OF BIRTH (month, day	u and vest)	1898		last saw h im alive on Nov. 21st 19 36; daath is said		
-	AGE Yaars	Months	Days	If LESS than	to have occurred on the date stetad above, at 6:05P.mM.		
	38	Unkno	own	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:		
OCCUPATION	kind of work done, SAWYER, BOOKKEE	8. Trade, profassion, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			General paralysis of the insahe		
				time (years) int in this			
12	z. BIRTHPLACE (city or town) (Stata or country)	Marvla			Other Contributory Causes of importance:		
2	1	Reed					
FATHER	14. BIRTHPLACE (city or to	own) Ma	ryland		Name of operation Data of What test confirmed diagnosis? Was there an autopsy?		
2		Tonnio	/ Tinlen o	um l			
15. MAIDEN NAME Jannie (Unknown) 16. BIRTHPLACE (city or town) (State or country)				W(1)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
it.	7. INFORMANT HOSP (Addrass) Cro	um arrille	cords e. Marv	land	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18	B. BURIAL, CREMATION, OR Place	removale en	Date/_ 2	8 ,36	Manner of Injury		
19	9. UNDERTAKER (Address)	f. Win	luode	of near	24. Was disaasa or injury in any way related to occupation of deceased? If so, specify		
21	0. FILED 1.28	36 8.	4. 42	Registrar	(Signes) Crowns ville, Laryland		

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To be complete, an occupation return must state: .

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEC 5	026 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	V. S. July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registrar.

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	"	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR FURTHE	R STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH					97)		
	County Anne Arundel					Registration Dist. No. 24		
	Village or C	ity	Crowns	ville S	tate Hosp		Ward	
	Length of resi	dence in c	ity or town where o	leeth occurred_5	()	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds.	
2	. FULL NA	ME	George	Robins	on	If U. S. Veteran, specify WAR		
1	(a) Residen	ce: No	406 Ea	st Fede (Usual place	ral St.,	B&LtimorWord. Maryland If nonresident give city or town and State		
	PERSON	IAL AN	ND STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
-	sex nale		or or race Lack		RRIED, WIDOWED. D (write the word) WED	21. DATE OF DEATH November 10th (Month) (Day) (Yea	6	
5a.	If married, widow HUSBAND of (or) WIFE of	red, or div	orced			22. I HEREBY CERTIFY, That I attended deceased Feb. 10th 1931 to November 10 19	from 36	
c	DATE OF BIRTH	(month de	ay and year) 7	871		Hast saw h im alive on November 10th 19 36 death is		
	AGE Yes		Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 2:55 Pm. M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance		
-	8. Trade, profe		Unkn	ΦWII	ormin.	were as follows: Date of General arteriosclerosis	onset	
NO	kind of v	work done	, as SPINNER, EPER, etc.	Laborer				
OCCUPATION	9. Industry or	business i						
50	SAW MII	LL, BANK,	etc					
00		pation (mo	onth and	spe	time (years) ent in this			
-	year)		Virgin		upation	Other Contributory Causes of importance:		
12.	BIRTHPLACE (ci)			Senility		
ER	13. NAME		Unknown) Bowle	g			
FATHE			TIn	known	<u></u>	Name of operation Date of		
FA	14. BIRTHPLACE (State of	country)	(OWII)			What test confirmed diegnosis? Was there an autopsy?		
ER	15. MAIDEN NA	ME E	Bessie R	obinson	, dead	23. If death was due to external causes (VIDLENCE) fill in also the following:		
MOTHER	16. BIRTHPLACE		(OWII)	nown		Accident, suicide, or homicide?		
		country)				Where did Injury occur? (Specify city or town, county and State)		
17. INFORMANT HOSpital Records (Address) Crownsville, Marvland				land	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place M. Autourn Date 11-12, 19-36			Date//	-12 ,19.36	Manner of injury			
19, UNDERTAKER Walham A Jackson			Jackson		24. Wes disease or injury in any way related to occupation of deceased?			
-	(Address)	,916	Perma	any	•	If so, specify		
20	20. FILED 11/12. , 1936 35 7 0 9 C. Registrar.				Registrar.	(Signod) Crownsville, Maryland	_M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ()	3 days ago
			HE HAVE TO
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

8 ż

STATE OF WARTLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH County County	Registration Dist. No. 23
Village or City Pusadrna &	Np. St. Wa
Length of residence in city octown where death occurred	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME TOTAL . HOUSE	If U.S. Veteran epecify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sovember 16- (Month) (Day) (Year)
HUSBAND of (or) WHEE of Many E. D. Aolis	22. I HEREBY CERTIFY, That I ettended deceased from 19
DATE OF BIRTH (month, dey, and yeer) Sept 264 1861	I last saw have shooted
AGE Yeers Months Days If LESS than I day, hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were at follows:
8. Irade, profession, or particular kind of work done, es SPINNER,	Al.
SAWYER BOOKKEEPER etc	Trong Valoular disease
9. Industry or business in which work was done, as SILK MILL,	1-1-1- D
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked et this occupation (month and 30 40. spent in this occupation.	of the realf
12. BIRTHPLACE (city or town) Q Q Go. DDL	Dther Contributary Causes of Importance:
(State or country)	- De Minglia
13. NAME William L. Aolis	010
14. BIRTHPLACE (city or town) England	Name of operation. Smit Mynus Date of
1 (State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary E. +300mc	23. If death wes due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) \Q \Q \Q \Co. \DA	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT PAD Joseph Stock (Address) Sakadene Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Costar Itill Date SVW. 18 -, 1936	7- Nature of Injury
19. UNDERTAKER John & Donny	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) 715 Light SA 630 Tile	

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Annual Company	3 days ago
		APOL & L VON	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Example I		Example II	
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Arteriosclerosis ELVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 1936	July 5,1927	Perilonitis	3 days ago
N REAU V. M			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FILEO

2	medel	160.	Registration Dist. No.	1
isru	1. 21-	760030		Ward
sier sie	M. C. Saran	(If	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
whara	daath occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsmo	sds.
el.	Stull	orla	If U. S. Veteran, specify WAR	
uce	Somer	et Co. 74	St., Ward. If nonresident give city or town and	State
TIST	(Usual place of		MEDICAL CERTIFICATE OF DEATH	Diale
TISTICAL PARTICULARS CE 5. SINGLE, MARRIED, WIDOWED,			21. DATE OF DEATH	
OR DIVORCED (write the word)		(write the word)	Nov. 29	1936
X.	1 mil	arried	(Month) (Oay)	(Year)
ur	neel Sh	elton	22. HEREBY CERTIFY, That attended of the state of the	
	1.	16 1 3	1- 99	; death is said
nths	Oays	If LESS than	to have occurred on the date stated above, at 2 m.	, death is said
	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
	1 2	ormin.	were as follows:	Date of onset
IER.	touse	work	Premoned 0.18'	Nov 25
L, _			State Control	1936
	11. Total ti	me (years) It in this pation		
1/	N -	Patron	Other Contributary Causes of importance:	
			July 1 1 Wherculous	
4	10%		- Vulasiary whereulosis	
7	Journe			
<i>f-f</i>	ma_		Nama of operation	utoney?
1.7	ta Bo	CKatt	23. If death was due to external causes (VIOLENCE) fill in also the following	
VI	2111		Accident, suicida, or homicide? Date of Injury	
	must		Where did injury occur?	,
el	Recor	d	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
			Manner of injury	
	Oate noc	1 30,19 31	Nature of Injury	
les	Da	shiell	24. Was disease or injury in any way related to occupation of deceased?	
PAR	Oins	e m	If so, specify	
E	7. 100	4	(Signed)	M. D.
	1/19	Registrar.	(Address)	.,
If more	e blanks are needed, a	datess State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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10.—The month and year the deceased last worked at the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
. v		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 m,

1	1	1	1)	1	
1	1	1	15	1	J

1. PLACE OF DEATH		1/-a/
County a a		Registration Dist. No. 20
		No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	e death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME / 0-1	eph Lin	usus gr
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	July	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year)	Que 20/935	I last saw hour alive on Mount 12 , 1936; death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 8-19-m.
1 2	22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin.	were as follows: Date of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Par Grehar
9. Industry or business in which		130 186 1.
work was done, as SILK MILL, SAW MILL, BANK, etc		- I have the sound of the sound
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	nuod	Other Contributory Causes of importance:
	, 0	
13. NAME Joseph	To Sluces	
4 14. BIRTHPEACE (city or town)		Name of operation
(State of country)	a eo	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Disea	he creeke	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	as ea	Where did injury occur?
17. INFORMANT J. Hest	High rus.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD &	elegoate "//2 ,1936	Manner of injury
19. UNOERTAKER Soseph (Address)	Dein www.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED. "//3 , 1936	W. R. Clayton	(Signed) 3 1 est M.
	Def Stral Registrar.	(Address) Alalan

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	LIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 7 1936	July 5, 1927	Peritonitis	3 days ago
4	BUKEMU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

for outh	ADDITIONAL S	SPACE FOR FU	7	EMENTS BY PH	1 4 1	i.a.a.C.
7/20/35.	- (2/21/3	7 8	0			

484	STATE OF MARYLAND—	CERTIFICATE OF DEATH	21
infor- trate UPA-	1. PLACE OF DEATH	22.0) I
# E E	County QQ,	Registration Dist. No.	
should of OC	Village or City Salewille	death occurred in a hospital or institution, give its NAME instead of street and number)	
> 02 +	Length of rasidanca in city or town where daath occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmos	ds.
D. Every YSICIANS statement	2. FULL NAME Joseph & Smith	If U. S. Veteran, specify WAR	
SIC tate		St., Ward. If nonresident give city or town and State	
	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	
Y. PH Exact	3. SEX 4. COLOR OR RACE OR DEVORATE OF the word) 5. SENGLE, MARRIED, WIDOWED, OR DEVORATE OF the word)	21. DATE OF DEATH // /7 193	6
G L L	5a. If married, widowad, or divorced	(Month) (Day) (Ye	ear)
DING IANEN ACTI Issifted.	HUSBANO of Many Smith	1 HEREBY CERTIFY, That I ettended daceased	d from
G X X	6. DATE OF BIRTH (month, day, and yaar) Sint 17, 1868	I last saw here alive on 2001/7 1976; daath	is said
FOR BI IS A PE stated E properly certificate	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 9.3 4 m.	
FOR IS A P stated properly	6 8 1 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	of onset
	8. Trade, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Coulist Hemostage 11/1	1/2
HIS be be of	kind of work done, as SPINMER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL,	11 10	-3,
RVF C_T ould may back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	frygarens 11.	10
SE Sh Sh it	SAW MILL, BANK, etc 10. Date decaased last workad at this occupation (month and 16/32 spent in this		
RES	yaar)occupation	Other Contributory Causes of Importance:	
2 4 3	12. BIRTHPLACE (city or town)		
MARGIN UNFADI supplied. n terms, so ee instruct	(Stata or country)		
	13. NAME for Smith		
	14. BIRTHPLACE (city or town)	Name of operation Date of	
E E E	(State of country)	What test confirmed diagnosis?	1
W Wefu	15. MAIDEN NAME Wathering Smith	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	9
car rrh oorts	16. BIRTHPLACE (city or town)	Where did injury near?	
	17. INFORMANT — M Smith (Addrass) and with md	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
E PLA should OF D	18. BURIAL, CREMATION, OR REMODAL	Manner of Injury	
	Place Daluville Ma Date 100-19, 19:34	Nature of Injury	
WRITE WRITE CAUSE TION is	19. UNDERTAKER D- G Standisty + Sm. (Address) Paliswill Pres.	24. Was disease or injury in any way related to occupation of dacaased?	U
B. T.	11/16 36 WP Clast	(Signed) Hogh WWard	M.
à z	20. FILED 1900 11, Califor	(Address) Oring 1914	
	The state of the s	, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.	

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Example I		Example II	:
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 7 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

898.

V. S. No. 1

certificate.

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLAC	E OF DEA	ATH p			(109)	2	n
	Count	y Anne	e Arunde	1			Registration Dist. No.	
	Village	e or City	Jes	sups		No. Mrd. Haur	y Correction st.	Ward
					(ii	death occurred in a hospital or institution, 18 ds. How long in U.S. if of fore	give its NAME instead of street and	number)
								osds.
2	. FULL	NAME			ue		cify WAR	
1	(a) Re	esidence: Np.	529 S	. Bond		St., Ward. Balt	imore, Md.	
articles.	PED	SONAL AL	ND STATIST	(Usual place		MEDICAL CER	If nonresident give city or town and TIFFCATE OF DEATH	State
3.5	SEX		OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	TIPICATE OF BEATH	
	Male		White	OR DIVORCE	(write the word)	November 2	24th	193 6
-		widowed, or div		Sing	Le	(N	lonth) (Dey)	(Year)
96.	HUSBAN (or) WIF	D of				22. I HEREBY C	ERTIFY, That I attended	deceesed from
	(01)					November 17 19	36 to November 2	24, 19.36
6. 1	DATE OF B	fRTH (month, d	ay, end year) No	vember 2	2. 1872	I last saw h. im alive on NOV		; deeth is seid
7. /	AGE	Yeers	Months	Deys	If LESS then	to heve occurred on the dete stated abo		
		64		20	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH en were es follows:	nd releted ceuses of importence	Date of onset
z	8 Trade profession or particular				neumonia.	Date of onset		
E SAWYER, BODKKEEPER, etcLadorer			R	Senility.	-			
JPA	Wo	ry or business ork wes done, as	SILK MILL.			Arterio-	sclerosis.	
CCL	f D. Dete	W MILL, BANK deceesed last w	orked et	11. Totel ti	me (years)			
0	th	ls occupation (m er)	onth end	sper occu	tin this			
) Balti	more		Dther Contributory Causes of important	ce:	
1Z.		CE (city or town or country)	1)#2#34-7-4-		vland.			
2	13. NAME	Unl	cnown					
FATHER	44 DIDTU	PLACE (city or	TT 1-	nown		Name of apprehian		-
FA		tete or country)	,			Neme of operation What test confirmed diagnosis?		
ER	15. MAIDE	N NAME UI	nknown					
MOTHER	AC DIDTH	DI AOF (-it-	Unk	nown		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
M		PLACE (city or tete or country)	(OWII)			Where did injury occur?	bete of injury	, 1 7
		man	7/: .	. ? .	0		Specify city or town, county and Stat	te)
17. INFORMANT May Ungusa mos			Specify whether injury occurred in the	POSTRI, III NOME, OF INTODE OF	NUE.			
18. BURIAL, CRIMATION, OR REMOVAL PIECE WAY THE Date Nov 27, 1936			Manner of injury					
			Neture of Injury					
10	HNDEDTAL	CED X	R. CA	elino	•	24. Was diseese or injury in any wey re		
19. UNDERTAKER (Address) AAAAAA Nuclean			If so, specify					
20	FILEDAS	22	136 UN	210.7117	malech.	(Signed) Clus	u jovany	M. D.
ZU.	FILEDS/KZ,	K-di	, IQXXXXXXXXX	den	Registrar.	(Address) Jessi	ips, Maryland.	
			If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Request		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Corolinal homorphiae	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــا		

OCCUPATION

FATHER 13 14

MOTHER

(Address)

9

, 19 34

ğ

	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	11133	
1. PLACE OF	DEATH				
County	a.a.		107-a		
Village or City		1-0-1	Registration Dist. No.	*******	
Village of City	umaj	ous orgo	ND. St., death occurred in a horpital of institution, give its NAME instead of street and	Ward	
Length of reside	ence in city or town where de		ds. How long in U.S. If of foreign birth?yrsm	osds.	
2. FULL NAM	IE Sh	esles and	Stearlings		
(a) Residence		es Com	A CONTRACTOR OF THE CONTRACTOR	lil.	
(a) nesidence	. IV f. 2 acces	(Usual place of abode)	St., Ward. If nonresident give city or town and	State	
PERSONA	L AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH.		
7	w	OR DIVORCED (write the word)	Nov 22	. 193 6	
5a. If married, widowed	l, or divorced		(Month) (Day)	(Year)	
HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, That I attended	deceased from	
		. 23	Mn. 21 1986 to 7cm. 22	19 36	
6. DATE OF BIRTH (me	onth, day, and year)	rel 24-1936	I last saw h. e. 2 alive on Mr. 22 19 3	death Is said	
7. AGE Years		Days If LESS than	to have occurred on the date stated above, at	r, ocatii 13 3aid	
	6	2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8. Trade profession	on or particular	2 ormin.	were as follows: Dato of onse		
kind of wor	on, or particular rk done, as SPINNER, OOKKEEPER, etc.		Buttere Butter		
9. Industry or bus	siness In which		emensus		
work was d	lone, as SILK MILL, BANK, etc			6	
U 10. Date deceased	last worked at	11. Total time (years) spent in this		E	
year)	tion (month and	spent in this		E	
	0.0	C. 2.	Other Coutributory Causes of Importance:	3	
12. BIRTHPLACE (city of (State or country)			***************************************	- E	
1	1.1 17			7	
I IS. NAME	The M	lastrys			
13. NAME 14. BIRTHPLACE (c			Name of operation Date of		
(State or co	ountry) Gale	und Co son	What test confirmed diagnosis? Was there an a	u'opsv?:	
15. MAIDEN NAME Elicy about Parks 16. BIRTHPLACE (city or town) (State or country) Washylore DE 17. INFORMANT LOSS P Green			23. If death was due to external causes (VIOLENCE) fill in also the following		
			Accident, suicide, or homicide? Date of injury		
			Where did injury occur?	, 13	
			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	NCE.	
(Address)	N OD DEMOVAL	on m			
14 11	Gazet Change	. NN 44 36	Manner of Injury		
Plant	eneral Servery	-Uate/, 19	Nature of Injury		
19. UNDERTAKER	B. 7 740	forng.	24. Was disease or injury lift any way related to occupation of deceased?	no	

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Registrar.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago 3 days ago
Cerebral hemorrhage: JA 1 5 7907	July 5,1927	Peritonitis	
BUKEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

authorisation	DDITIONAL SPACE FOR FUR	THER STATEMENTS	BY PHYSICIAN	1/19/27 B
. /			o vouse cor.	1/1/01/2

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Q Q .	Registration Dist. No.
	No.)? Account of the street of the street and number of the street and
(a) Residence: No and Eastfant (Usal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("after the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Buse W Sections	22. I HEREBY CERTIFY, That I ettended deceased from 19
6. DATE OF BIRTH (month, day, and year)	i last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, # SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date december of this occupation (month end	Ducide, by liquid soison. Cut R. U Cause of DEath unknown
10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country)	offine Contibutory Causes of Importance: Of Stomach is made Death, accurred immediately.
13. NAME Zedwarf many old. 14. BIRTHPLACE (city or town) Williams (State or country)	Recidental gas porsoning, several weeks prior. Neme of operation. To her death, 430/1244 Date of What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
17. INFORMANT Been w Subhers (Address) 79 Summar and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL A Place Ryon Down Dete Nov 21 196	Manner of injury Strank Sysola Nature of injury
19. UNDERTAKER (Address) 20. FILED // 12. 19.3 April 19. April 19	24. Was disease or injury in any way related to sequention of despaced? If so, specify (Signed) (Address)
If more blanks are needed, address Stale Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

COAD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

WITH UNFADING INK-THIS IS A PERMANENT REC

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

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FOR BINDING

MARGIN RESERVED

of OCCUPA.

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis = 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUNEAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Carl
4			

S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Address) Jessups, Mar

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yland

(Year)

Data of onset

(Day)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY	PHYSICIAN
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STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF		JE MIAK	ILAND		
County	Anne Arund	lel -		Registration Dist. No. 21	
	ty_Crownsy;		TT (If	Al No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?	
2. FULL NAT	ME Melvin	Thomas		If U. S. Veteran, specify WAR	
(a) Residence	ce: No. 2119	Pennsylv (Usual place	ania Aven	uest, Baltwanore, Maryland If nonresident give city or town and State	
PERSON	AL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex made	4. COLOR OR RACE black		RRIED, WIDOWED. D (write the word) T100	21. DATE OF DEATH November 9th (Month) (Day) (Year)	
5a. If marriad, widows HUSBAND of (ar) WHFE of	unknown			22. HEREBY CERTIFY, That I attended deceased from March 23rd 1936, to November 9 19 36	
6. DATE OF BIRTH (month, day, and year)	1901		i last saw h. im. alive on November 9th, 19.36; daath is said	
7. AGE Yaar		Days	If LESS than	to have occurred on the date stated above, at 7:. 55 Ann M.	
	35 Unki	ndwn	1 day,hrs.	were as follows:	
8. Trade, profas kind of w SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc		_	General paralysis of the insahe with right hemiplegia	
kind of w SAWYER, 9. industry or t work was SAW MiL 10. Data decease	business in which done, as SILK MILL, L, BANK, etc		-		
11113 0000	ed last worked at pation (month and	11. Total	time (yaars) ent in this — — —— cupation	1.	
12. BIRTHPLACE (cit (Stata or coun	y or town) Mary	land		Other Contributory Causes of importance: Lues	
13. NAME	Unknown				
13. NAME 14. BIRTHPLACE (State or	(city or town)	nown		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAI	ME Unknow	a		23. If death was due to external causas (VIOL ENCE) fill in also the following:	
15. MAIDEN NAI	(city or town)	Unknown		Accident, suicide, or homicide?	
17. INFORMANT Hospital Records (Address) Crownsville, Maryland				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMAT	ION, OR REMOVAL	embate //-		Manner of injury	
19. UNDERTAKER (Addrass)	Thomas 1303 P	C Kel	son of	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED	11, 1906 8	7. 804C	Registrar.	(Signed) M. D. Maryland M. D. Maryland	

TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINEY V. S. No. 1

PHYSICIANS should state

stated EXACTLY. A PERMANENT

IS

WITH UNFADING INK-THIS MARGIN RESERVED

AGE should be

FOR BINDING

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Exact statement of OCCUPA.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: 5 1930	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 25	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A CONTRACTOR OF THE PROPERTY O	

B.—WRITE PLA

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11137
County a a Village or City annuals a	Registration Dist. No.
Length of residence in city or town where death occurred yrs. 2. FULL NAME Pussel P	(If death occurred in a horpital institution, are its NAME instead of street and number) os
(a) Residence: No. 3 me (Usyal place of above) (usyal place of above)	St, Ward. If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED furite the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Yeer) 22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nos 24-1936	1 1 10 10 10 10 10 10
7. AGE Years Months Deys If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased as worked at this occupation (month and	Consental heart Cendetin now (Palent Foramen Prale). 24
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 12. BIRTHPLACE (city or town) Arrae applies are	Other Contributory Canses of Importance: Postrial Alelacloses May 211
(State or country) 13. NAME Preselle P. Thorness L. 14. BIRTHPLACE (city or town)	Hostial alclaciones Kenzy
(State or country) a. a	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? 200
15. MAIDEN NAME Bessie & Scible 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) 476 week 18. BURIAL, CREMATION, OR REMOVAL)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury
Plece Le Clar Blaff Date 11 7 9, 1936	Nature of injury 24. Was disease or injury in 259 way related to occupation of deceased?
20. FILED / 1 2 9 , 19 3 b AM March Registrar.	If so, specify (Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Perilonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:	

See instructions on back of certificate.

TION is very important.

1.	PLACE O	anne aru				92-70 Registration Dist. No.2
						talno. St., War f death occurred in a hospital or institution, give its NAME instead of street and number) s. 18 ds. How long In U.S. if of foreign birth? yrs. mos. d
2.	-	me Howar				If U. S. Veteran, specify WAR
1	(a) Residen	ce: No. Kensi	ngto	n, Mo	ntgomery	Cosunty, Wardryland If nonresident give city or town and State
Plant to the same	PERSON	IAL AND STATE	STICA	L PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	male	4. COLOR OR RACE black			RIED. WIDOWED. D (write the word) 10	21. DATE OF DEATH November 20th (Month) (Day) (Year)
5a. I	f married, widow HUSBAND of (or) WIFE of	ved, or divorced				22. I HEREBY CERTIFY. That I attended deceased fro November 2nd 1936, to November 20, 1936
6 D	ATE OF RIPTH	(month, day, and year)		1899	PART.	Hast saw h im alive on Nov . 20th 19 36 death is sa
7. AC				Days	If LESS than	to have occurred on the date stated above, at 10:05 Pm. M.
	37	י ט	nkno	wn	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
OCCUPATION	SAWYER	ssion, or particular work done, as SPINNER , BOOKKEEPER, etc		None	*****	Mitral insufficiency
UPA	9. Industry or work wa SAW MII	business in which is done, as SILK MILL, LL, BANK, etc				
8	this occu	ed last worked at pation (month and		spe	ime (years) nt in this —— upation	
12. E	BIRTHPLACE (ci	,,,,	ryla	nd		Other Centributery Causes of Importance: Arthritis
ER	13. NAME	Unknown				
FATHER		E (city or town) r country)	Unkn	own		Name of operation Date of Mat test confirmed diagnosis? Was there an autopsy?
IER	15. MAIDEN NA	ME Unkno	wn			23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER		E (city or town)r country)	Un	known	·	Accident, suicide, or homicide?
17. 1	NFORMANT (Address)	Hospit Crowns	al F	ecord e, Ma	s ryland	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. E	BURIAL, CREMAT	TION, OR REMOVAL			, ,	Manner of Injury
C	a side of	sing m	-dD	ate	7/36,19	- Nature of injury
		Robert & A			Λ	24. Was disease or injury in any way related to occupation of diceased?
20. F	ILED 11 2	1 ,19 36	Je	Mis	rfly	Signed Crownsville Maryland M.

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V. S. No. 1

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 1930	July 5,1927	Peritonitis	3 days ago
MOREMU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	DI ACE	T. OTC	T. ORCHITIME	DIVIDIMENTO	DI	THISTOTAM

Date of onset

Date of injury ...

Registrar.

If so, specify

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Example 1	i i	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
L STAR Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11140
1. PLACE OF DEATH	95-6
County Anne Arundel	Registration Dist. No. 22
Village or City Odenton, Md.	ND. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?mosds.
2 FULL NAME John H. Turner	If U. S. Veteran, specify WAR
(a) Residence: No. Ft. Neade Rd. Odenton, (Usual place of abode)	Std. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Turner	22. 1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 28, 1876	1 last saw h alive on 1900 4
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
60 0 8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Cute Cardise
work was done, as SILK MILL, SAW MILL, BANK, etc. Farm	20.0
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 45yr	
12. BIRTHPLACE (city or town) January Odenton, (State or country) Anne Arundel Co., Md.	Dither Contributory Causes of Importances
E 13. NAME James Turner	Disse
13. NAME James Turner 14. BIRTHPLACE (city or town) Anne Arundel Co.	Name of operation Date of
(State or country) Maryland.	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Unknown	Accident, wicide, or homicide?
∑ (State or country) Unknown	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT EdennB. Turner (Address) Odenton, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Nichols Hemorialate Nov. 8,1936.	Nature of injury
19. UNDERTAKER Tromas W Dinglitors	24. Was disease or injury In any way related to occupation of deceased?
20. FILED NOV 7 1936 M. L. Jones	(Signed) M. D.
Olefly To a Registrar. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epikepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by exceed car	1 week ago
Cerebral hemorrhage	July 5,1927	Remanition	3 days ago
		9661 68	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 5 1938	July 5,1927	Peritonitis	3 days ago
	BURRAU V. S.	to and the second secon		
Other contributory	causes of importance:	D.	Other contributory causes of importance:	100
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	ER STATEMENTS BY PHYSICIAN
•	

N. B.—WRITE PLAIMY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.			I I
PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT REC. D. Every item of inforhould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stated of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAvery important. See instructions on back of certificate.		MARGIN RESERVED FOR BINDING	
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OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAvery important. See instructions on back of certificate.	should be ca	efully supplied. AGE should be stated EXACTLY.	PHYSICIANS should state
very important. See instructions on back of certificate.	OF DEATE	in plain terms, so that it may be properly classified. E	xact statement of OCCUPA.
	very impor	ant. See instructions on back of certificate.	\

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(108)
County any aundel	Registration Dist. No.
Village or City Guenoch	NoSt.,Ward
• 1	death occurred in a hospital or institution, give its NAME, instead of street and number)
h 101 11	
2. FULL NAME MULLI Elizabeth Will	ACC If U. S. Veteran, specify WAR
(a) Residence: No. Suunde A Mo (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 100 / 2 193 6
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Hung Wallace.	i HEREBY CERTIFY, That I attended decessed from
	Mov 6 ,19.36, 10 hor 12 ,19.36
6. DATE OF BIRTH (month, dey, end yaer) March 4, 1900	2 1
7. AGE Yaars Months Days If LESS than 1 dey,hrs,	to heve occurred on the data stated above, at
37, 3 4 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Total Preumonia por
SAWYER, BODKKEEPER, etc. 9. Industry or business in which	6 143
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last workad at this occupation (month and	
10. Date decaased last workad at 11. Total tima (years) spant in this	
yaar)	Object of the second se
12. BIRTHPLACE (city or town) HANNOTO	Other Contributory Causes of importance:
(State or country) $a_{-}a - co mo$	Jaximia 2 day
13. NAME 10 min Blaks	
13. NAME 18 Mfarin 18 daks 14. BIRTHPLACE (city shown) Harvord	Neme of operation Date of
(Stata or country) a a co mid	Whet test confirmed diagnosis? Wes there an autopsy?_ /L.d
15. MAIDEN NAME Mary Frendel	23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary to Endel 16. BIRTHPLACE (city or town) Mary word (State or country)	Accident, suicide, or homicide? Date of injury, 19,
(State or country) a-a-coma	Whera did injury occur?
17 INFORMANT / Snn Wallace	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Potsysan vak, md	
18. BURIAL, CREMATION, OR REMOVAL P CENTIL 14 30	Manner of injury
Placa Mamo Chafel Data / 1 1 1 1, 19 56	Nature of Injury
19 UNDERTAKER E. H.B. Parker	24. Wes disease or injury in any wey related to occupetion of deceased? 200
(Addrass) 47 Washington ST	If so, specify
20 FILED 11-13 1936	(Signad) / CMUM Wasser M. D.
Registrar.	(Addrass) Wy Marchan

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Comment of the comm			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	43
1. PLACE OF DEATH	13P	aul
County Ce. Ca So	Registration Dist. No.	15
Village or City Cennapoles	No. emergence Hose a	Wave
//	death occurred in a hospital or positivition, give it IVAME indeed of street and nur. ds. How long in V. S. if of foreign birth? yrs. mos.	mbef) /
2. FULL NAME Man tha 11/2000	If U. S. Veteran, specify WAR	
(a) Residence: No. 26 Leons of	St Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	D-Y
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Temale C. Married	(Month) (Day)	(Year)
HUSBAND of	22. LHEREBY CERTIFY, That I attended de	ceesed from
al Jeens	Oct. 25, 19.36, to Mav. 9	., 1936
6. DATE OF BIRTH (month, dey, and year) 7-6. 9-1882	~ 0	death is seid
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of impartence	
8. Trade, protession, or particular	were es follows:	Date of ons
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Myacardial montsuncy	6 TARR
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and		
SAW MILL, BANK, etc		
this occupation (month end spent in this occupation occupation		
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:	110
(State or country)	Chronic Mephritis	Mena_
II 13. NAME QUE Brown.		
13. NAME QUE BOOMES 14. BIRTHPLACE (city or town)	Name of operation have Date of	
(State of country)	Whet test confirmed diegnosis? Was there an auto	opsy?H_P
15. MAIDEN NAME Catherine Ross 16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury	, 19
C.A.)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	t.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place (Sauce) Lett. Dete. 11 / 19 3 6	Neture of injury	
19. UNDERTAKER lo Ras C) Visbs G	24. Was disease or Injury In any way related to occupetion of deceased?	10
(annay de mod.	If so, specify	
20. FILED MV 1 19.34	(Signed) J. Willia Marline	M. D.
Registrar. If more blanks are needed, address State Registrar.	(Address Dimore Property S No.	1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED FOR BINDING

V. S. No. 1

STA	TE OF MAR	YLAND-	CERTIFICATE OF DEATH	144
1. PLACE OF DEATH	. 1	, //	(3)	TYY
County Chun	Uruna	w,	Registration Dist. No.	
Village or City / + a	rubbod	ma	NoSt.,Steach occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or t	own where death occurred		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME MA	unu Ilala	Tom.	If U.S. Veteran specify WAR	
	Altanue	and he	St. Ward.	
(a) Residence: No.	(Usual place		If nonresident give city or town as	nd State
PERSONAL AND S	TATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Final Color or		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH MSD. 7	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	mike Wes	ton	22. I HEREBY CERTIFY, That I attende	ed deceased from
6. DATE OF BIRTH (month, day, and	year) Feb. 4	1893	Hast sawn ex alive on nov 7 ,193	6; death is said
7. AGE Years	Months Days	If LESS than	to have occurred on the date stated above, at 10 Pm.	
43	9 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Oate of onset
8. Trade, profession, or particul- kind of work done, as SP SAWYER, BOOKKEEPER, e	otc. Houses	vill	Hart Failure	6-6-30
kind of work done, as SP SAWYER, BOOKKEEPER, e 9. Industry or business in which work was done, as SILK in SAW MILL, BANK, etc	WILL,			
10. Date deceased last worked a this occupation (month an year)	11. Total t d 6-1-32 spa	ima (years) nt in this 2045 upation		
12. BIRTHPLACE (city or town). (State or country)	inne azar	cole	Other Contributory Conses of Impactance:	5-4-2
13. NAME with	afram	er,	4	
14. BIRTHPLACE (city or town)	anne ar	undel	Name of operation None Date of	
(State or country)	M	1	What test confirmed diagnosis? Was there as	n autopsy? 72
H 15. MAIOEN NAME	Ma Digs	1	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town) (State or country)	any Go	undel	Accident, sulcide, or homicide. Oata of Injury	, 19
17. INFORMANT Ausil (Address) 807	Whitling the	ton	Specify city or town, county and S Specify whether injury occurred in INOUSTRY, In HDME, or in PUBLIC (
18. BURIAL, CREMATION, OR REMOV	Wed Date Myo	ID ,1936	Manner of injury Nature of injury	
19. UNDERTAKER (Address)	Street !	120	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILEO 1/ / U , 19 3	B JOHN	Registrar.	(Signed) Lamy & Jane (Kodress) Was en Marelfur	w, wd
	It more blanks are needed	de State Registrar	2477 N. Charles Street Baltimbra Taguetten 71 S. No. v.	

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Cerebral hemorrhage DEC 5 1836	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis DEC 5 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A STATE OF PROPERTY OF THE PRO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year